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2024

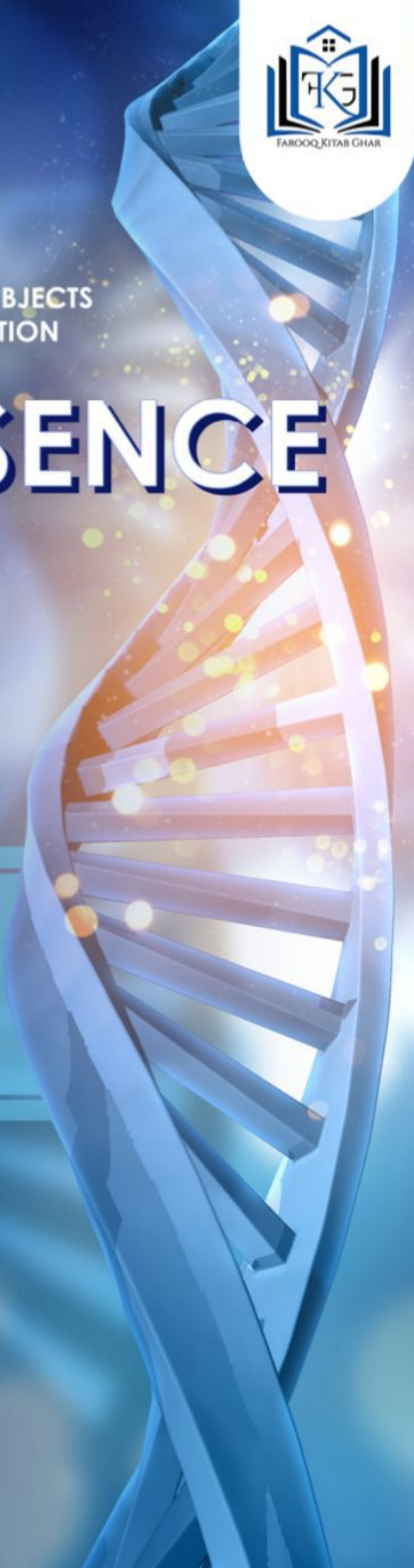
QUICK REVIEW POINTS OF ALL MEDICAL SUBJECTS
GOLDSTANDARD BOOK FOR NRE PREPARATION

PMDC ESSENCE

SECOND EDITION

- THROUGHLY REVISED & UPDATED EDITION UPTO 2024
- ORIGINAL PMDC PAST QUESTION BANK FROM 2012-2024

SINGLE BEST BOOK FOR
NRE (PMDC), NEB, MD-MS, JCAT,
PMDC (NUMS, NLE) PAST PAPERS
AND RESIDENCY EXAMINATION



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"2000" COMMONLY ASKED MCQ POINTS - EXTREMELY IMPORTANT

1. Drug of choice for **Acute bronchial asthma**: Inhaled Salbutamol (SABA)
2. Drug of choice for **Exercise induced asthma**: Inhaled Salbutamol (SABA)
3. Drug of choice for **COPD**: Anticholinergic (Tiotropium, Ipratropium)
4. Drug of choice for **Aspirin (acetylsalicylic acid) or NSAIDs induced asthma**: Leukotriene inhibitors (zafirleukast, Montelukast)
5. Drug of choice for **Atypical pneumonia**: Macrolide (Erythromycin, Azithromycin)
6. Drug of choice for **Anaerobic aspiration pneumonia**: Clindamycin
7. Drug of choice for **Pulmonary anthrax (woolsorter's disease)**: Ciprofloxacin
8. Drug of choice for **Pseudomonal pneumonia**: Ciprofloxacin
9. Drug of choice for **Methicillin-resistant Staphylococcus aurous (MRSA)**: Vancomycin
10. Drug of choice for **Vancomycin-resistant Staphylococcus aurous (VRSA)**: Linezolid
11. Drug of choice for **Secretory diarrhea in carcinoid syndrome**: Octreotide
12. Drug of choice for **Cholera:** Tetracycline
13. Drug of choice for **Enteric fever**: Ciprofloxacin < Ceftriaxone < Azithromycin
14. Drug of choice for **Drug of choice for Atypical pneumonia**: Tetracycline/ Erythromycin
15. Drug of choice for **Gonorrhoea**: Ceftriaxone + Azithromycin/Doxycycline
16. Drug of choice for **Bacterial meningitis**: Ceftriaxone
17. Drug of choice for **Listeria meningitis**: Ampicillin
18. Drug of choice for **Systemic fungal infection**: Amphotericin-B
19. Drug of choice for **Fungal meningitis**: Amphotericin-B
20. Drug of choice for **Fungal sinusitis**: Amphotericin-B
21. Drug of choice for **Ameobiasis (Entamoeba histolytica)**: Metronidazole > paromomycin or iodoquinol for asymptomatic cyst passers
22. Drug of choice for **Leishmaniasis/Kala-azar (Leishmania spp)**: Amphotericin B, sodium stibogluconate
23. Drug of choice for **Trichomonas vaginalis (Vaginitis, Trichomoniasis)**: Metronidazole
24. Drug of choice for **Giardiasis (Giardia lamblia)**: Metronidazole
25. Drug of choice for **Bacterial vaginosis**: Metronidazole
26. Drug of choice for **Clostridium difficile (Pseudo-membranous colitis)**: Vancomycin > metronidazole
27. Drug of choice for **Traveler's diarrhea**: Norfloxacin > Diphenoxylate
28. Drug of choice for **Amoebic liver abscess**: Metronidazole
29. Drug of choice for **Taenia solium (pork worm)**: Praziquantel
30. Drug of choice for **HSV/Shingles/Herpes**: Acyclovir
31. Drug of choice for **Bed wetting (Nocturnal enuresis)**: Desmopressin > Imipramine
32. Drug of choice for **Acute gout**: NSAIDS (Indomethacin, Naproxen, Ibuprofen)
33. Drug of choice for **Chronic gout**: Allopurinol
34. Drug of choice for **Cerebral edema**: Mannitol
35. Drug of choice for **Increased ICP/Intra cranial hypertension**: Mannitol
36. Drug of choice for **Hydrocephalus**: Acetazolamide
37. Drug of choice for **Subarachnoid hemorrhage (SAH)**: Nimodipine
38. Drug of choice for **Acute hyperkalemia**: Calcium gluconate, Insulin, Dextrose
39. Drug of choice for **Syphilis**: Benzathine Penicillin
40. Drug of choice for **Scabies**: 5% Permethrin
41. Drug of choice for **Scabies in children's**: 5% Permethrin
42. Drug of choice for **Scabies in pregnancy**: 5% Permethrin
43. Drug of choice for **Head nits/head lice**: Permethrin > Malathione
44. Drug of choice for **Nodulocystic acne**: Isotretinoin (Vitamin-A)
45. Drug of choice for **Resistant acne vulgaris**: Isotretinoin (Vitamin-A)

WhatsApp:

46. Drug of choice for **Prevention osteoporosis**: Bisphosphonate (Alendronate, Resodronate)
47. Drug of choice for **Steroid induced osteoporosis**: Bisphosphonate (Alendronate, Resodronate)
48. Drug of choice for **Absence seizures**: Ethosuximide
49. Drug of choice for **Grandmal seizers (GTCS)**: Valproate/sodium valproate
50. Drug of choice for **Partial seizure**: Carbamazepine
51. Drug of choice for **Seizure in pregnancy (Eclampsia)**: Magnesium Sulphate
52. Drug of choice for **Status epilepticus**: Lorazepam > Diazepam > Midazolam
53. Drug of choice for **Obsessive compulsive disorder**: SSRIs (Fluoxetine)
54. Drug of choice for **Panic disorder**: SSRIs (Fluoxetine)
55. Drug of choice for **Panic attack**: Benzodiazepine (Alprazolam)
56. Drug of choice for **Trigeminal neuralgia**: Carbamazepine
57. Drug of choice for **Acute migraine**: Sumatriptan
58. Drug of choice for **Drug induced parkinsonism (Haloperidol)**: Benzhexol, Procyclidine
59. Drug of choice for **Temporal arthritis (Giant cell arthritis)**: High dose steroids
60. Drug of choice for **Post-operative vomiting**: Ondansetron (5HT3 antagonist)
61. Drug of choice for **Chemotherapy/radiation induced vomiting**: Ondansetron (5HT3 antagonist)
62. Drug of choice for **Ascites due to liver cirrhosis**: Spironolactone
63. Drug of choice for **Malignant hypothermia**: Dantrolene
64. Drug of choice for **Acute myocardial infarction (acute MI)**: Streptokinase
65. Drug of choice for **Prinzmeatal angina**: Nitroglycerin
66. Drug of choice for **Heart failure**: Furosemide
67. Drug of choice for **Acute pulmonary edema**: Furosemide
68. Drug of choice for **AV nodal delay/AV nodal arrhythmia**: Adenosine
69. Drug of choice for **Levodopa induced vomiting**: Metoclopramide, Domperidone,\
70. Drug of choice for **Parkinson disease induced vomiting**: Metoclopramide
71. Drug of choice for **ACE inhibitors (Enalapril, captopril) induced cough**: Aspirin
72. Drug of choice for **Tumor induced brain edema**: Dexamethasone
73. Drug of choice for **Penicillin induced reaction**: Adrenaline
74. Drug of choice for **Distributive shock**: Phenylephrine
75. Drug of choice for **Septic shock**: Nor adrenaline (Nor Epinephrine)
76. Drug of choice for **Shock due to adrenal insufficiency**: Corticosteroid (hydrocortisone)
77. Drug of choice for **Cardiogenic shock**: Dopamine/Dobutamine
78. Drug of choice for **Anaphylactic shock/Anaphylaxis**: Adrenaline (Epinephrine)
79. Drug of choice for **Type-1 diabetes mellitus (T1DM)**: Insulin
80. Drug of choice for **Type-2 diabetes mellitus type 2 (T2DM)**: Metformin
81. Drug of choice for **Diabetes mellitus in pregnancy/Gestational DM**: Insulin
82. Drug of choice for **Diabetes mellitus in obese patient**: Metformin
83. Drug of choice for **Insulin resistance**: Metformin
84. Drug of choice for **Diabetic ketoacidosis (DKA)**: Crystalline **regular insulin** & Normal saline
85. Drug of choice for **Diabetic gastroparesis**: Metoclopramide, IV erythromycin for acute exacerbation
86. Drug of choice for **Diabetic neuropathy**: TCA (Nortriptyline, amitriptyline), If Autonomic symptoms → Gabapentin/Pregablin
87. Drug of choice for **Diabetic retinopathy**: Glucose control, if proliferating- vegf inhibit/laser Photocoagulation
88. Drug of choice for **Diabetic nephropathy**: ACE inhibitors (Captopril, Enalapril) or ARBs (losartan)
89. Drug of choice for **Diabetes-induced chronic renal disease**: ACE inhibitors or ARBs
90. Drug of choice for **Diabetes mellitus + Hypertension**: ACE Inhibitors or ARBs
91. Drug of choice for **Myxedema coma**: Levothyroxine
92. Drug of choice for **Hyperprolactinemia**: Bromocriptine > Cabergoline
93. Drug of choice for **Acromegaly**: Cabergoline
94. Drug of choice for **Androgenic alopecia**: Finasteride
95. Drug of choice for **Hyperglycemic coma**: Regular Insulin
96. Drug of choice for **Hypoglycemia**: Dextrose/Glucose
97. Drug of choice for **Pheochromocytoma**: Phenoxybenzamine (Alpha blockers)
98. Drug of choice for **Preoperative B.P control in pheochromocytoma**: Both Alpha + Beta Blocker
99. Drug of choice for **SIADH**: Demeclocycline
100. Drug of choice for **Congenital adrenal hyperplasia**: Hydrocortisone (Corticosteroids)

101. Drug of choice for **Post-partum hemorrhage (PPH)**: Oxytocin
102. Drug of choice for **Induction of labour**: Oxytocin
103. Drug of choice for **Insulin resistance amenorrhea**: Metformin
104. Drug of choice for **Hypothyroidism**: Levothyroxine
105. Drug of choice for **Congenital hypothyroidism (Cretinism)**: Levothyroxine
106. Drug of choice for **Hypothyroidism in pregnancy**: Levothyroxine
107. Drug of choice for **Thyrotoxicosis/hyperthyroidism in pregnancy**: Propylthiouracil (PTU)
    - Propylthiouracil should be given in first trimester only and after the first trimester, women should switch to methimazole.
    - In normal conditions methimazole is preferred over PTU due to lesser side effects
    - First trimester = Propylthiouracil (PTU), second & third trimester = Methimazole
108. Drug of choice for **Reducing somatic manifestation of hyperthyroidism**: Propranolol (Beta Blockers)
109. Drug of choice for **Grave’s disease**: Thalidomide (Methimazole/Carbimazole)
110. Drug of choice for **Thyroid ablation**: Radioactive Iodine I-131
111. Drug of choice for **Thyroid storm**: Potassium iodide
112. Drug of choice for **Making patient euthyroid before surgery**: Potassium iodide
113. Drug of choice for **Intrahepatic cholestasis in pregnancy**: Ursodeoxycholic acid
114. Drug of choice for **Malaria in pregnancy**: Chloroquine
115. Drug of choice for **Anticoagulation in pregnancy**: Heparin
116. Drug of choice for **DVT in pregnancy**: Heparin
117. Drug of choice for **Endometriosis**: Medroxy-Progesterone > Danazol
118. Drug of choice for **Ovulation induction**: Clomiphene Citrate
119. Drug of choice for **Pregnancy induced hypertension**: Labetalol > Hydralazine
120. Drug of choice for **Hypertensive emergencies in pregnancy**: Labetalol > Hydralazine (NICE guidelines)
121. Drug of choice for **Pre-eclampsia**: Labetalol > Hydralazine (definite treatment = delivery of foetus)

    According to JNC-VII guidelines, DOC for:
    - Hypertension in pregnancy is **methyldopa.**
    - Hypertensive emergency in pregnancy is **Hydralazine > Labetalol.**
    - However, Harrison, NICE and Obs-Gynae books recommend **labetalol** as DOC for hypertension in pregnancy as well as hypertensive emergencies in pregnancy.
122. Drug of choice for **Eclampsia**: Magnesium Sulphate
123. Drug of choice for **Nausea/vomiting in pregnancy**: Cyclizine + Pyridoxine (B6)
124. Drug of choice for **Vaginal atrophy**: Topical estrogen
125. Drug of choice for **Dysfunctional uterine bleeding**: NSAIDs (Ibuprofen, Naproxen)
126. Drug of choice for **Post-delivery uterine bleeding**: Ergometrine
127. Drug of choice for **Ectopic pregnancy**: Methotrexate
128. Drug of choice for **Choriocarcinoma**: Methotrexate
129. Drug of choice for **Emergency contraception**: Levonorgestrel
130. Drug of choice for **Premenstrual syndrome**: SSRIs (Fluoxetine)
131. Drug of choice for **Migraine headache in pregnancy**: Paracetamol/Acetaminophen
132. Drug of choice for **Supraventricular tachycardia (SVT)**: Adenosine > CCBs (Verapamil)
133. Drug of choice for **Paroxysmal supraventricular tachycardia (PSVT)**: Carotid sinus pressure or by the Valsalva maneuver, **Adenosine** > Verapamil
134. Drug of choice for **AV nodal arrhythmias/AV nodal delay/AV Node re-entry tachycardia (AVNRT)**: Carotid sinus pressure or by the Valsalva maneuver, **Adenosine** > Verapamil
135. Drug of choice for **Prophylaxis of PSVT**: CCBs (Verapamil)
136. Drug of choice for **Ventricular arrhythmias/tachycardia**: Procainamide > Amiodarone, Lidocaine
137. Drug of choice for **Arterial arrhythmia**: Quinidine
138. Drug of choice for **Wolff Parkinson White (WPW)**: Procainamide
139. Drug of choice for **Torsades de pointes (Long QT syndrome)**: Magnesium sulphate (MgSO4)
140. Drug of choice for **Digitals-induced ventricular arrhythmias**: Lignocaine
141. Drug of choice for **Chest pain with acute ‘Q’ wave for 6 hours**: IV Streptokinase followed with Heparin
142. Drug of choice for **Stable angina pectoris**: Beta blockers and Nitrates (First line treatment)
143. Drug of choice for **Prinzmetal’s Variant Angina**: Nitrates and calcium channel blockers
144. Drug of choice for **Initiation of therapy in DVT**: Heparin + Warfarin
145. Drug of choice for **DVT prophylaxis**: Warfarin

146. Drug of choice for **DVT prophylaxis in pregnancy**: Heparin
147. Drug of choice for **Acute left ventricular failure**: Furosemide
148. Drug of choice for **Pain in acute MI**: Morphine
149. Drug of choice for **Bradycardia**: Atropine sulphate
150. Drug of choice for **Symptomatic patient with bradycardia**: Implantation of permanent pacemaker
151. Drug of choice for **Pulmonary edema**: Furosemide
152. Drug of choice for **Cardiac arrest**: Adrenaline and CPR
153. Drug of choice for **Peptic ulcer disease (Stomach/Duodenal ulcer)**: PPIs (E.g., Omeprazole, Esomeprazole)
154. Drug of choice for **H.Pylori associated peptic ulcers**: Clarithromycin + Amoxicillin + PPIs (Omeprazole, Pantoprazole)
155. Drug of choice for **NSAID induced peptic ulcers**: PPIs (Omeprazole, Esomeprazole) > Misoprostol
156. Drug of choice for **Zollinger-ellison syndrome (Gastrinoma)**: PPIs (E.g., Omeprazole, Esomeprazole)
157. Drug of choice for **Gastroesophageal Reflux Disease (GERD)**: PPIs (E.g., Omeprazole, Esomeprazole)
158. Drug of choice for **Variceal bleeding (Esophageal Varices)**: Terlipressin > Octreotide
159. Drug of choice for **Prophylaxis of Variceal bleeding**: Beta-blockers (Carvedilol, Propranolol)
160. Drug of choice for **GI Bleed with CLD**: Terlipressin > Octreotide
161. Drug of choice for **Acute severe ulcerative colitis**: IV Corticosteroids (methylprednisolone)
162. Drug of choice for **Mild to moderate ulcerative colitis**: 5-ASA derivatives (Mesalazine, Sulfasalazine)
163. Drug of choice for **Crohn’s disease**: Corticosteroids (prednisolone, hydrocortisone, budesonide)
164. Drug of choice for **Maintenance therapy of ulcerative colitis**: Sulfasalazine/Mesalazine
165. Drug of choice for **Hepatic encephalopathy**: Lactulose
166. Drug of choice for **Pernicious anemia after Gastroectomy**: IV Vitamin B12/Cobalamin
167. Drug of choice for **Motion sickness**: Scopolamine (Hyoscine butyl bromide) > Cyclizine, Meclizine > Promethazine
168. Drug of choice for **Mountain sickness**: Acetazolamide
169. Drug of choice for **Air sickness**: Cyclizine
170. Drug of choice for **Morning sickness**: Doxylamine + Pyridoxine (vitamin-B6)
171. Drug of choice for **Candida albicans/Candidiasis**: Fluconazole
172. Drug of choice for **Sporotrichosis (Sporothrix schenckii):** Itraconazole or potassium iodide (only for cutaneous/lymphocutaneous)
173. Drug of choice for **Blastomycosis**: Itraconazole (Severe/CNS = Amphotericin-B)
174. Drug of choice for **Actinomycetoma:** Itraconazole
175. Drug of choice for **Cryptococcal Neoformans:** Amphotericin-B + Flucytosine
176. Drug of choice for **Cryptococcal meningitis:** Amphotericin-B (for 2 weeks)
177. Drug of choice for **maintenance therapy of Cryptococcal meningitis:** Fluconazole (for 8 weeks)
178. Drug of choice for **Aspergillosis (invasive):** Voriconazole
179. Drug of choice for **Allergic broncho-pulmonary aspergillosis:** Prednisolone + Itraconazole/Voriconazole
180. Drug of choice for **Mucormycosis (Mucor species):** Amphotericin-B
181. **Universal/Chemical antidote**: Activated charcoal (most therapeutic drug for absorbable poisons)
182. Antidote for **Acetaminophen/paracetamol toxicity**: N-Acetylcysteine
183. Antidote for **Benzodiazepine (Diazepam, Lorazepam, alprazolam) overdose**: Flumazenil
184. Antidote for **Isoniazid induce peripheral neuropathy**: Pyridoxine (Viatmin-B6)
185. Antidote for **Heparin**: Protamine sulfate.
186. Antidote for **Warfarin**: Delayed effect → Vitamin-K (Phytomenadione), Immediate → FFP
187. Antidote for **Methotrexate**: Leucovorin (folinic acid)
188. Antidote for **Opioids (morphine, pethidine, tramadol) overdose**: Naloxone/Naltrexone.
189. Antidote for **Organophosphates poisoning**: Atropine > Pralidoxime.
190. Antidote for **Anticholinergic agents (Atropine)**: Physostigmine, Neostigmine
191. Antidote for **Magnesium sulphate**: Calcium gluconate.
192. Antidote for **Beta-blocker poisoning**: Glucagon, atropine.
193. Antidote for **Aspirin toxicity**: Sodium bicarbonate.
194. Antidote for **Cheese reaction**: Phentolamine.
195. Antidote for **Arsenic**: Succimer, Dimercaprol
196. Antidote for **Carbon monoxide**: Oxygen (± Hyperbaric chamber)
197. Antidote for **Carbon tetrachloride**: N-Acetylcysteine.

198. Antidote for **Cyanide**: Hydroxycobalamin, Sodium nitrite and sodium thiosulfate
199. Antidote for **Hydrofluoric acid**: Calcium.
200. Antidote for **Iron/ferric sulphate**: Deferoxamine, deferasirox, deferiprone
201. Antidote for **Gyromitra mushrooms**: Pyridoxine (vitamin B6).
202. Antidote for **Methanol**: Fomepizole > Ethanol, Dialysis.
203. Antidote for **Alcohol poisoning**: Fomepizole.
204. Antidote for **Ethylene glycol**: Fomepizole, Ethanol, Dialysis
205. Antidote for **Amphetamine**: Ammonium chloride (NH_4Cl)
206. Antidote for **Mercury**: Dimercaprol, Succimer
207. Antidote for **Lead**: EDTA, Dimercaprol, Succimer, Penicillamine.
208. Antidote for **Methemoglobinemia**: Methylene blue.
209. Antidote for **Copper (e.g., Wilson's disease)**: Penicillamine.
210. Antidote for **Theophylline, caffeine, metaproterenol**: Esmolol.
211. Antidote for **Diacumarol Poisoning**: Vitamin-K.
212. Antidote for **Calcium channel blockers**: Glucagon, calcium, insulin, and dextrose
213. Antidote for **Digoxin (Digitalis)**: Digoxin-immune Fab.
214. Antidote for **Isopropyl alcohol**: Supportive care
215. Antidote for **Salicylates (Aspirin)**: Sodium bicarbonate ($NaHCO_3$), Charcoal, dialysis
216. Antidote for **Sulfonylurea toxicity**: Octreotide and dextrose
217. Antidote for **Tricyclic antidepressants (Nortriptyline)**: Sodium bicarbonate, diazepam
218. Antidote for **Caustics (acids, alkali)**: Copious irrigation (do not induce emesis or attempt neutralization), activated charcoal
219. Antidote for **Oxalic acid**: Calcium gluconate
220. Antidote for **Mercury**: Dimercaprol
221. Antidote for **Calcium channel blocker toxicity**: Glucagon
222. Antidote for **Beta-blockers toxicity**: Glucagon
223. Antidote for **Colchicine**: Anticholchicine bodies
224. Antidote for **Insulin**: Glucose/Dextrose
225. Antidote for **Fluoride ingestion**: Calcium salt
226. Antidote for **Dopamine**: Phentolamine
227. Antidote for **Vincristine**: Hyaluonidase
228. Antidote for **Magnesium Sulphate**: Calcium gluconate
229. Antidote for **Drug induced hypothermia**: Dantrolene
230. Antidote for **Amatoxin**: Benzylpenicillin
231. Antidote for **Cobra snake bite poisoning**: Anti-snake venom
232. Antidote for **Dog bites**: Anti-rabies vaccines
233. Antidote for **Antipsychotic induced dystonia**: Benztropine, Procyclidine
234. Antidote for **Serotonin syndrome**: Cyproheptadine
235. Antidote for **Valproic acid toxicity**: Levocarnitine
236. Antidote for **Cyclophosphamide**: Mesna
237. Antidote for **Botulism**: Botulinum antitoxin/Trivalent ABE
238. Antidote for **Stimulant toxicity (seizures, severe agitation)**: Diazepam, Lorazepam
239. Antidote for **Datura**: Physostigmine
240. Side effect of **Enalapril/Captopril (ACE Inhibitors):** Dry Cough, angioedema, hyperkalemia
241. Side effect of **Amphotericin-B:** Hypokalemia, nephrotoxicity, hypersensitivity (test dose is needed)
242. Side effect of **Ampicillin:** Hypersensitivity reaction (skin rashes, bronchospasm), diarrhea
243. Side effect of **Methicillin:** Interstitial nephritis, acid labile
244. Side effect of **Nafcillin:** Neutropenia
245. Side effect of **Oxacillin**: Hepatitis
246. Side effect of **Ceftriaxone and cefoperazone:** secreted in the bile
247. Side effect of **Atropine:** Dryness of mouth, Blurred vision, Constipation
248. Side effect of **Chloramphenicol**: Grey baby syndrome, Bone marrow suppression
249. Side effect of **Vancomycin**: Redman Syndrome (due to rapid infusion), Ototoxicity, nephrotoxicity
250. Side effect of **Fluoroquinolones (Ciprofloxacin):** Tendonitis, tendon rupture, and cartilage damage in children (arthropathy)
251. Side effect of **Stations (Simvastatin, Atorvastatin):** GI upset, Rhabdomyolysis (muscle weakness)
252. Side effect of **Clozapine**: Agranulocytosis
253. Side effect of **Thalidomide (Methimazole, Carbimazole)**: Agranulocytosis
254. Side effect of **Hydrochlorothiazide (Thiazide):** hypokalemia (metabolic alkalosis), hyperglycemia, hyperuricemia (Gout), avoid in patients with gout, Hyponatremia (Dilutional), Hypercalcemia
255. Side effect of **Spironolactone (Loop diuretics):** Hyperkalemia, Hypocalcemia, Gynecomastia
256. Side effect of **Amlodipine:** Oedema/Feet oedema (Livido-Reticularis)
257. Side effect of **Metformin**: Lactic acidosis, GI disturbance (gas, flatulence), Metallic taste
258. Side effect of **Insulin:** Hypoglycemia, Liposystrophy

259. Side effect of **Carbamazepine:** Hyponatremia, Agranulocytosis, SIADH
260. Side effect of **Phenytoin:** Gingival hyperplasia, Hairsutism
261. Side effect of **Tetracycline (Doxycycline):** Discoloration of teeth
262. Side effect of **Cyclophosphamide/Ifosfamide**: hemorrhagic cystitis
263. Side effect of **Cimetidine:** Gynecomastia, taste disturbance (dysgusia)
264. Side effect of **Quinidine/Quinine:** Cinchonism (which manifests as tinnitus, vertigo, deafness, headache, visual disturbances and mental changes)
265. Side effect of **Procainamide**: Drug induced lupus erythematosis
266. Side effect of **Lidocaine/lignocaine**: neurological toxicity (drowsiness, paraesthesia, convulsions and coma) and myocardial depression.
267. Side effect of **Vincristine:** Peripheral neuropathy
268. Side effect of **Dunorubicine/Doxorubicin:** Cardiomyopathy (Cardiotoxic)
269. Side effect of **Anti-tubercular therapy (ATT):** Hepatitis
270. Side effect of **Rifampicin**: Red/orange colour urine, Hepatitis (less likely)
271. Side effect of **Pyrazinamide**: Hyperuricemia (Gout), severe Hepatitis
272. Side effect of **Isoniazid**: Peripheral neuropathy, Hepatitis
273. Side effect of **Ethambutol**: Optic neuritis, Retrobulbular Neuritis
274. Side effect of **Aminoglycoside:** Nephrotoxicity, ototoxicity (Gentamycin is most nephrotoxic, while streptomycin is most Vestibulotoxic/ototoxic)
275. Side effect of **Methotrexate:** Pancytopenia (Neutropenia), stomatitis, mucositis, hepatic fibrosis
276. Side effect of **Nifedipine:** Gingival hyperplasia, tachycardia
277. Side effect of **Bleomycin, Busulfan:** Pulmonary fibrosis
278. Side effect of **TCAs (Nortriptyline):** Sedation, postural hypotension, and atropine-like (anticholinergic) side-effects, Torse de pointe arrhythmia (QT prolongation), Convulsions, Coma, Cardiotoxicity
279. Side effect of **Amiodarone:** Contain iodine causes hyperthyroidism, hypothyroidism (block peripheral conversion of T4 to T3), torse de pointe arrhythmia (QT prolongation), phototoxicity, Peripheral neuropathy, myocardial depression, pulmonary fibrosis, hepatotoxicity, corneal microdeposits.
280. Side effect of **Zidovidine:** Bone marrow suppression, Peripheral neuropathy, myopathy
281. Side effect of **Didanosine:** Peripheral neuropathy, pancreatitis
282. Side effect of **Lithium:** Polyuria leading to diabetic nephrogenic insipidus, Limb hypoplasia (pregnancy), hypernatremia, hyperthyroidism, tremors
283. Side effect of **Trazodone:** Sedation, nausea, **priapism**, postural hypotension.
284. Side effect of **Clindamycin/Ampicillin**: Pseudomembranous colitis
285. Side effect of **Demeclocycline:** Diabetes insipidus
286. Side effect of **Haloperidol/Metoclopramide:** Parkinson-like syndrome (Parkinsonism)
287. Side effect of **Lamotrigine:** Stevens-Johnson syndrome
288. Side effect of **Acyclovir:** Crystal nephropathy, neurotoxic (headache, confusion, fits)
289. Side effect of **INF alpha and INF beta:** Flue like syndrome
290. Side effect of **INF alpha:** Alopecia, myalgia, depression, flue like syndrome
291. Side effect of **Amantadine:** Livido Reticularis (edema of feet), Atropine like side effect
292. Side effect of **Heparin:** Most common side effects of heparin bleeding, most common initial feature of heparin is hematuria, long term side effects of heparin include clotting, thrombocytopenia, osteoporosis and alopecia
293. Mechanism of action **Penicillin:** Transpeptidase cross link
294. Mechanism of action **Cephalosporin (Cephalexin, Ceftriaxone):** Inhibits transpeptidase
295. Mechanism of action **Salicylic acid and aspirin:** Thromboxane A2 (TXA2) formation, inhibit cyclooxygenase
296. Mechanism of action **Gentamycin, streptomycin (aminoglycosides):** Inhibits protein synthesis -30S subunit
297. Mechanism of action **Tetracyclines:** Block protein synthesis at the 30S ribosomal Subunit
298. Mechanism of action **Chloramphenicol:** Blocks protein synthesis at the 50S ribosomal subunit
299. Mechanism of action **Clindamycin:** Blocks protein synthesis at the 50S ribosomal subunit
300. Mechanism of action **Macrolide (Clarithromycin):** Blocks protein synthesis at the 50S ribosomal subunit
301. Mechanism of action **Vancomycin:** Inhibits bacterial cell wall/Blocks peptidoglycan synthesis
302. Mechanism of action **Linezolid:** Inhibits protein synthesis, binds to the 23S portion of the 50S subunit

303. Mechanism of action **Sulfonamides:** inhibit nucleotide synthesis of tetrahydrofolic acid
304. Mechanism of action **Methotrexate:** Inhibit dihydroptroiate reductase
305. Mechanism of action **Rifampicin/Rifampin:** Blocks RNA Synthesis RNA polymerase
306. Mechanism of action **Isoniazid:** Inhibits mycolic acid synthesis
307. Mechanism of action **Ethambutol:** Inhibits mycolic acid incorporation into cell wall (inhibit formation of arabinoglycan)
308. Mechanism of action **Ciprofloxacin (Fluoroquinolones):** Inhibit DNA synthesis DNA gyrase “Topoisomerase
309. Mechanism of action **Zafirlukast/ Montelukast:** Leukotriene receptor antagonist
310. Mechanism of action **Sodium Cromoglycate:** Inhibits mast cell degranulation
311. Mechanism of action **Finasteride:** 5-αlpha reductase inhibitor
312. Mechanism of action **Ondansetron:** 5HT3 Antagonist
313. Mechanism of action **Dicyclomine:** act on M3 receptor
314. Mechanism of action **PPIs:** act on H-K ATPase pump
315. Mechanism of action **Statins (Atorvastatin, Simvastatin):** HMG CoA reductase inhibitors
316. Mechanism of action **Allopurinol:** inhibiting the action of xanthine oxidase
317. Mechanism of action **Colchicine:** Inhibits microtubule polymerization and stabilizes tubulins in microtubules, muscle spindle formation
318. Mechanism of action **Labetalol:** Alpha blockers + beta blocker
319. Mechanism of action **ACE inhibitors:** Inhibit conversion of angiotensin-2
320. Mechanism of action **Verapamil:** Increase AV nodal delay
321. Mechanism of action **Steroids:** Inhibit phospholipase A2
322. Mechanism of action **Carbidopa:** Aromatic amino-acid decarboxylase inhibitor
323. Mechanism of action **Thalidomide (Carbimazole, Propylthiouracil):** Inhibit thyroid peroxidase (TPO), inhibiting the oxidation of iodine and the organification and coupling of iodine. Inhibit thyroid hormone synthesis. Propylthiouracil also blocks 5’-deiodinase leading to block conversion of T4 to T3.
324. Mechanism of action **Lugol’s iodine:** Inhibits release of thyroid hormone (Inhibit thyroid hormone synthesis)
325. Mechanism of action **Clomiphene citrate:** Ovulation induction
326. Mechanism of action **Terbinafine:** Lantosterol synthase inhibitors
327. Mechanism of action **Itraconazole:** Inhibit ergosterol synthesis
328. Mechanism of action **Ketotifen:** Mast cell stabilizers
329. Mechanism of action **Bromocriptine and Levodopa:** Dopamin-2 (D2) antagonistic drug
330. Mechanism of action **Neostigmine, Pyridostigmine:** Inhibit acetylcholine-esterase in Brain and wall of viscera
331. Mechanism of action **Theophylline:** Inhibit phospho-diesterase enzyme (PDE) → increase cGMP in bronchial smooth muscle as well as myocardium → Bronchodilation
332. Mechanism of action **Nitrates (nitroglycerin):** Venodilator → nitrous oxide in vascular smooth muscle → cGMP -> relaxation
333. Mechanism of action **Hydralazine:** Arteriodilator → nitrous oxide in vascular smooth muscle → cGMP → relaxation
334. Mechanism of action **Organophosphate poisoning:** inhibit acetylcholine-esterase irreversibly in Brain.
335. Mechanism of action **Anti-psychotic**: Act on D2 receptor
336. Mechanism of action **Dobutamine**: Act on B1 receptor
337. Mechanism of action **Dopamine**: Act on D1 receptor
338. Mechanism of action **Ionotropic agent**: Act on B1 receptor
339. Mechanism of action **Glucagon:** Stimulate cAMP
340. Mechanism of action **Actinomycin D/Dactinomycin:** Inhibit mRNA and RNA polymerase (Binds to DNA base pairs and inhibits DNA dependent RNA synthesis)
341. Mechanism of action **Alpha-Methyldopa:** Binds adrenergic receptors in CNS
342. Most common cause of **Syphilis**: Treponema Pallidum
343. Most common cause of **Weil’s disease/Leptospirosis**: Leptospira interrogans
344. Most common cause of **Lyme’s disease (Ixodes deer tick):** Borrelia burgodorferi
345. Most common cause of **Rocky Mountain spotted fever (Dog tick):** Rickettsiae rickettsii
346. Most common cause of **Scrub typhus (Mite):** Rickettsiae tsutsugamushi
347. Most common cause of **Tuberculosis:** Mycobacterium Tuberculosis
348. Most common cause of **Leprosy (Hansen disease):** Mycobacterium Leprae

349. Most common cause of **Anthracosis (Wool-starter’s Disease):** Bacillus anthrax
350. Most common cause of **Tetanus:** Clostridium Tetani
351. Most common cause of **Gas gangrene:** Clostridium Perfringens
352. Most common cause of **Gas gangrene lower limb:** Clostridium welchii
353. Most common cause of **Pseudo membranous Colitis:** Clostridium Difficile
354. Most common cause of **Botulism:** Clostridium Botulinum
355. Most common cause of **Corynebacterium Diptherie:** Diptheria
356. Most common cause of **Corynebacterium Acne:** Acne Vulgaris
357. Most common cause of **Traveler’s diarrhea (watery):** Enterotoxigenic-E coli
358. Most common cause of **Hemolytic-uremic syndrome (HUS):** Enterohemorrhagic-E coli (EHEC) – O157:H7
359. Most common cause of **Enteric fever:** Salmonella Typhi
360. Most common cause of **Bacillary dysentery (Shigellosis):** Shigella
361. Most common cause of **Cholera (Profuse rice-water diarrhea):** Vibrio cholerae
362. Most common cause of **Plague:** Yersinia Pestis
363. Most common cause of **Undulant fever (Brucellosis):** Brucella
364. Most common cause of **Chancroid (STI-painful genital ulcer):** Hemophilus ducreyi
365. Most common cause of **Epiglottitis:** Hemophilus Influenza
366. Most common cause of **Pertussis (Whooping cough = 100 day fever):** Bordetella pertussis
367. Most common cause of **Legionnaire’s Disease (pneumonia):** Legionella
368. Most common cause of **Duodenal/gastric ulcer:** Helicobacter pylori
369. Most common cause of **Gastric adenocarcinoma:** Helicobacter pylori
370. Most common cause of **Gastric MALT lymphoma:** Helicobacter pylori
371. Most common cause of **Bacterial vaginosis:** Gardnerella vaginalis
372. Most common cause of **Impetigo**: Staphylococcus aureus
373. Most common cause of **Acute infective endocarditis:** Staphylococcus aureus
374. Most common cause of **Sub-acute infective endocarditis:** Streptococcus viridans
375. Most common cause of **infective endocarditis in patients with colon CA:** Streptococcus bovis
376. Most common cause **Septic arthritis:** Staphylococcus aureus
377. Most common cause of **Osteomyelitis:** Staphylococcus aureus
378. Most common cause of **Osteomyelitis in sickle cell anemia:** Salmonella
379. Most common cause of **Dental caries:** Streptococcus mutans and Streptococcus mitis
380. Most common cause of **Pulmonary nocardiosis:** Nocardia
381. Most common cause of **Medura foot:** Nocardia
382. Most common cause of **Pelvic inflammatory disease (PID):** Chlamydia.
383. Most common cause of **Pelvic inflammatory disease (PID) with Intrauterine device (IUD):** Actinomyces
384. Most common cause of **infection in Ascetic tap:** E. coli
385. Most common cause of **Peritonitis:** E. coli.
386. Most common cause of **Pyogenic peritonitis:** Bacteroids.
387. Most common cause of **Puerperal sepsis:** Group B streptococcus >> Bacteroids.
388. Most common cause of **Post-operative abdominal and gynecological infection:** Bacteroids.
389. Most common cause of **Abscess formation:** S. Aureus.
390. Most common cause of **Toxic shock syndrome:** S.Aureus.
391. Most common cause of **Wound infection:** S. Aureus > Pseudomonas.
392. Most common cause of **infection in VP sunt:** S. Aureus.
393. Most common cause of **UTI:** E. coli
394. Most common cause of **UTI in Sexually active:** E. Coli > staph saprophyticus
395. Dilate **vesicles around lips**, rupture quickly to form **golden yellow crusting**” = **Impetigo**
396. **Normal microbe of skin, which contaminates blood cultures**: Staphylococcus epidermidis
397. Drug of choice for streptococcus agalactiae (Group B streptococcus): Penicillin/Ampicillin
398. Child with throat pain, sore throat (pharyngitis). On examination **grayish-white membrane** of oral cavity with lymphadenopathy showing **“bull’s neck” appearance: Diphtheria**
399. Toxins of Diphtheria: Exotoxin
400. Patient with sore throat (phyrngitis) and **Bull’s neck” appearance**. Microscopic examination shows gram positive rods with **metachromatic (blue and red) granules** and **positive Elek test** for toxin: Corynebacterium diphtheriae.
401. Immune compromised patient with pulmonary infection, microscopic examination shows Gram

positive organism and form long, branching filaments, **aerobe, weak acid fast** with **negative TB test/PPD test**: Pulmonary nocardiosis

402. Bacteria with **yellow "sulfur granules": Actinomyces**
403. Patient after **tooth extraction with oral/facial abscesses**. Microscopic examination of abscess reveal gram positive organism with **yellow "sulfur granules": Actinomyces**
404. Female patient with history of use of **intrauterine device (IUD)** presented to her physician with lower abdominal pain, pain during sexual intercourse and vaginal discharge. Microscopic examination of vaginal discharge shows organism with **yellow "sulfur granules": Actinomyces.**
405. Drug of choice for **Actinomyces**: Penicillin.
406. Drug of choice for **Nocardia**: Sulphonamides → Trimethoprim-sulfamethoxazole (TMP-SMX).
407. Tumour with multiple discharging sinus (Formation of Calcified white granulomas) with **yellow "sulfur granules":** Medura Foot
408. **Medura foot or mycetoma** is most commonly caused by: **Actinomyces (Actinomycetoma).**
409. Bacterial culture reveals gram positive organism and form long, branching filaments, **anaerobe, non-acid fast** organism which shows **yellow "sulfur granules": Actinomyces.**
410. Acid-fast bacilli, often resistant to multiple drugs: Mycobacterium tuberculosis.
411. Cervical lymphadenitis in children is caused by: Mycobacterium scrofulaceum.
412. Patient with fever, night sweats, weight loss, cough, hemoptysis: Mycobacterium tuberculosis.
413. Bacteria involve in corneal ulcers/keratitis in contact lens wearers: Pseudomonas aeruginosa.
414. **Otitis externa (swimmer's ear)** is caused by: Pseudomonas aeruginosa.
415. Most common causes of Otitis media (especially in children): Streptococcus pneumoniae.
416. **Rusty-colored sputum**: Streptococcus pneumoniae
417. **Characteristic feature of Pseudomonas**: Green color pigment (Blue-green pigment)
418. Patient with fever, productive cough with **green color sputum**: Pseudomonas pneumonia
419. Pigments of Pseudomonas aeruginosa: Pyoverdine and Pyocyanin
420. Crampy abdominal pain with tenesmus, bloody mucoid stools (bacillary dysentery) is caused by: Shigella dysenteriae.
421. Shiga toxin causes: Hemolytic-uremic syndrome (HUS)
422. Shigella dysentery effects due to: Mucosal invasion
423. Triad of anemia, thrombocytopenia, and acute kidney injury due to microthrombi forming on damaged endothelium: **Hemolytic-uremic syndrome (HUS)**
424. Most common serotype of Enterohemorrhagic E-coli (EHEC): O157:H7
425. Bacteria associated with hemorrhage, hamburgers and hemolytic-uremic syndrome: EHEC
426. Dark red **"currant jelly" sputum** (blood/mucus): Klebsiella pneumonia
427. Diabetic patient with fever, cough with "currant jelly" sputum: Klebsiella pneumonia
428. Gram negative organism with comma or S shaped, oxidase positive, grows at 42°C = C. Jejuni
429. Campylobacter jejuni is associated with: Guillain-Barré syndrome and reactive arthritis
430. Major cause of bloody diarrhea, especially in children: Campylobacter jejuni
431. Gram negative, organism with comma shaped (Straight or curved), oxidase positive, grows in alkaline media: Vibrio cholerae
432. Cholera toxin (enterotoxin) causes: "Rice-water" diarrhea (Cholera)
433. Commonest cause of **Gas gangrene** is: Clostridium perfringens
434. Gas gangrene is caused by: α-toxin
435. Characteristic of Gas gangrene: Pain and crepitus in muscle
436. Drug of choice for Gas gangrene: Penicillin + Clindamycin (Surgical debridement is the mainstay of treatment)
437. Passive immunization of Gas gangrene: Anti Gas gangrene serum (Anti α- toxin)
438. Clostridium difficile associated diarrhea is most commonly caused by: Antibiotics
439. Prolonged intake of broad-spectrum antibiotics → Clindamycin (most common), Ampicillin, cephalosporin is associated with: Pseudo-membranous colitis
440. Human is an intermediate host of: Echinococcus granulosus
441. Most common cause of global blindness is: Chlamydial infection
442. **Actinomycosis:** Granuloma + Abscess
443. A person living on river sides since 2 years, having blindness, is due to which larva: **Onchoceriasis**
444. Pulmonary symptom caused by which parasitic disease: Ascariasis
445. Thorn prick, develop abscess formation most likely organism: Staph aureus
446. Sample taken for Treponema pallidum infection detection: Genital swab

447. Amoeba causes lesions in which part of gut: Cecum
448. Cerebral malaria is caused by: Plasmodium falciparum
449. Black water fever is caused by: Plasmodium falciparum
450. Falciparum malaria is also known as: Malignant tertian malaria
451. Most virulent species of plasmodium and causes the most severe disease: Plasmodium falciparum
452. Most common of the less virulent species and causes milder disease: Plasmodium vivax
453. Transmission of Plasmodium sporozoites via: Female anopheles’ mosquito
454. Shortest pre-erythrocytic phase: Plasmodium falciparum
455. Longest pre-erythrocytic phase: Plasmodium malariae
456. Plasmodium species that cause relapse are: plasmodium vivax and plasmodium ovale
457. Dormant phase of malaria: **Hypnozoite**
458. Malaria enters into human body as: **Sporozoite**
459. **Sporozoite** divide in liver as: **Merozoite**
460. **Gold standard test for malaria:** Microscopic examination of thick and thin blood smears
    - » **Thick blood smear:** high sensitivity; best initial test
    - » **Thin blood smear:** lower sensitivity, high specificity; confirmatory test
    - » **Findings include:**
        1) **P. vivax and P. ovale: Schuffner granules** (fine, brick-red dots) within RBCs infected
        2) **P. falciparum: Crescent-shaped gametocytes** in individuals infected
461. More rapid but less sensitive test for malaria: Antigen detection test
462. Useful for suspected P. knowlesi infection: PCR (High sensitivity but expensive)
463. Treatment and prophylaxis of P. malariae, P. ovale, or P. vivax: Chloroquine > Hydroxychloroquine
464. Chloroquine resistant falciparum malaria best drug to be given is: Artemether/Artemisinin
465. Drug of choice for malaria in pregnancy: Chloroquine
466. Drug of choice for cerebral malaria: Artemether/Artemisinin
467. Drug of choice for severe falciparum malaria: Artemether/Artemisinin
468. Drug of choice for prevention of Relapse: Primaquine
469. Drug of choice for severe falciparum malaria: Artesunate. (2nd Artemether, 3rd Quinine dihydrochloride 4th Quinidine)
470. **Oropharyngeal carcinoma** is caused by: Human papilloma virus (HPV)
471. **Naso- pharyngeal carcinoma is** caused by: Epstein-bar virus (EBV)
472. **Infectious mononucleosis** is caused by: EBV.
473. **Kaposi sarcoma** is caused by: HHV8.
474. **Cervical cancer** is caused by: HPV 16
475. **Bronchogenic carcinoma** is caused by: Epstein-bar virus (EBV)
476. **Hepatocellular carcinoma (HCC):** HBV > HCV
477. **Squamous cell CA of Bladder** is caused by: Schistosoma haematobium
478. **Biliary Cholangio-carcinoma** is caused by: Cholonorchis Sinensis
479. **Myocarditis** is most commonly caused by: Coxsackie virus
480. HIV Screening: ELISA
481. HIV Diagnosis in Adults: Western Blot
482. HIV Diagnosis in Newborn: HIV PCR
483. HIV Treatment Monitoring: HIV PCR
484. HIV Disease Progression: PCR
485. Most common type of necrosis: Coagulative necrosis.
486. Coagulative necrosis is caused by: Tissue ischemia due to obstruction in a vessel.
487. **Coagulative necrosis** is seen in organs: heart, liver, kidney, except BRAIN.
488. **Example of Coagulative necrosis:** Myocardial infarction, splenic infarction, hepatic infarction, renal infarction, Gangrene and organ damage caused by acidic solutions.
489. **Liquefactive necrosis:** is due to release of hydrolytic enzymes from neutrophilic lysosomes that digest the affected tissue (Enzymatic destruction of cells)
490. **Example of liquefactive necrosis:** Bacterial Abscess (purulent infection), Brain (stroke) and Pancreatitis (due to enzymatic damage to the parenchyma)
491. Combination of coagulative and liquefactive necrosis: Caseous necrosis
492. Epitheloid cells, and multinucleated giant cells (Langhans giant cell) surround a site of infection → granular debris: Caseous necrosis
493. White, soft, cheesy-looking (“caseous”) necrotic material: Caseous necrosis
494. Example of Caseous necrosis: Tuberculosis (Characteristic), syphilis, histoplasmosis, Nocardiosis and Coccidioidomyocosis
495. **Enzymatic fat necrosis:** Damaged cells release lipases, which split the triglyceride esters within fat cells e.g. acute pancreatitis (due to saponification of peripancreatic fat)
496. **Non-enzymatic fat necrosis:** traumatic injury (e.g., breast tissue)

497. Immune complexes (antigen-antibody complexes) and fibrin are deposited in vessel walls with leakage of fibrinogen out of vessels is: Fibrinoid necrosis
498. Example of Fibrinoid necrosis: Aschoff bodies in rheumatic fever, Peptic ulcer disease, Immune vasculitis, (e.g., polyarteritis nodosa, SLE) and Malignant Hypertension
499. Gummatous necrosis is the type of: coagulative necrosis
500. Gummatous necrosis is seen in tertiary syphilis, associated with formation of Gummas (soft rubbery masses composed of plasma cells, macrophages, lymphocytes)
501. Marker of **Hepatocellular carcinoma**: Alpha-fetoprotein (AFP)
502. Marker of **Prostate cancer**: Prostate-Specific Antigen (PSA)
503. Marker of **Colorectal CA**: CarcinoEmbryonic Antigen (CEA)
504. Marker of Breast cancer: CA 15-3/CA 27-29
505. Marker of Pancreatic adenocarcinoma: CA 19-9
506. Marker of Ovarian cancer: CA 125
507. Marker of Medullary thyroid carcinoma: Calcitonin
508. Marker of Testicular germ cell tumors: LDH
509. Marker of Testicular cancer: Human chorionic gonadotropin (hCG)
510. Marker of Ovarian dysgerminoma: LDH
511. Marker of Choriocarcinoma (Gestational trophoblastic disease): Human chorionic gonadotropin (hCG)
512. Marker of Metastases to bone or liver: Alkaline phosphatase
513. Marker of Seminoma: placental Alkaline phosphatase
514. **HLA-B27**: Ankylosing spondylitis, reactive arthritis, psoriatic arthritis, ulcerative colitis
515. **Most sensitive antibody for SLE**: Anti-nuclear antibodies (ANAs)
516. **Most specific antibody for SLE**: Anti-double standard DNA antibodies > Anti-Smith antibodies
517. Antibodies for Drug-induced lupus erythematosus: Antihistone antibodies
518. **CREST syndrome**: Anti-centromere antibodies
519. Most specific antibody for Rheumatoid arthritis: Anti-CCP antibodies
520. Antibody for **Antiphospholipid syndrome**: Anticardiolipin antibodies
521. Antibody for **Primary biliary cirrhosis**: Antimitochondrial antibodies
522. Antibody for **Pernicious anemia**: Anti-intrinsic factor antibodies
523. Antibody for **Myasthenia gravis**: Acetylcholine receptor antibodies
524. Antibody for **Lambert-Eaton syndrome**: Anti-presynaptic calcium channel antibodies
525. Radiological sign of **Epidural (Extra dural) hematoma**: Convex/Lens shaped/ Lemon shaped
526. Radiological sign of **Subdural hematoma**: Concave/Crescent moon shaped/Banana shaped
527. Radiological sign of **Brain abscess**: Ring-enhancing appearance, outer hypodense and inner hyperdense rim (double rim sign)
528. Radiological sign of **Ewing's sarcoma**: Onion skin appearance
529. Radiological sign of **Osteosarcoma**: Sunray appearance, Codman's triangle
530. Radiological sign of **Acute laryngo-tracheobronchitis (Croup):** Steeple sign
531. Radiological sign of **Epiglottitis**: Thumbprint sign
532. Radiological sign of **Hydatiform mole**: Snow storm appearance
533. Radiological sign of **Thalassemia major:** Hair-on-end appearance
534. Radiological sign of **Tetralogy of fallot:** Boot shaped heart
535. Radiological sign of **Oesophageal spasm**: Cork screw oesophagus
536. Radiological sign of **Sigmoid volvulus**: Coffee bean sign
537. **Fastest conducting fibers in heart:** Purkinje > atria > ventricle > AV node
538. **Slowest conducting fibers in heart:** AV node
539. **P wave represent:** atrial depolarization
540. **QRS complex shows:** Ventricular depolarization
541. **P wave** represent: **atrial depolarization** originating in the sinoatrial node (SA node)
542. **PR interval**: depolarization originating in the SA node and traveling through the atria, the AV node, and the His-Purkinje system
543. **ST segment**: the duration between ventricular depolarization and repolarization
544. **T wave represent**: ventricular repolarization
545. **QT interval**: total time of ventricular depolarization and repolarization
546. **U wave**: occurs after the T wave; exact origin unknown
547. **Cardiac systole: ST segment**
548. **Artrial systole:** PR segment (lasts about 0.1 seconds)
549. **Ventricular systole:** QRS complex (lasts about 0.3 seconds)
550. ECG changes in **Myocardial infarction**: ST segment elevation/Displacement of ST segment/ Concave ST segment
551. ECG changes in **Ischemia or recent MI:** T-wave inversion
552. ECG changes in **Old myocardial infarction**: Pathological Q wave

553. ECG changes in **Atrial flutter:** Sawtooth appearance of P wave, narrow QRS complex
554. ECG changes in **Atrial fibrillation:** Indiscernible/absent P wave, Irregularly irregular RR interval, narrow QRS complex
555. ECG changes in **Ventricular fibrillation:** Indiscernible/absent QRS complexes, Absent P waves
556. ECG changes in **Acute pericarditis:** Diffuse (saddle-shaped/convex) ST-segment elevation, Diffuse PR-segment depressions, T-wave inversions
557. ECG changes in **Massive pericarditis**: Low voltage ECG
558. ECG changes in **Cardiac tamponade**: Low voltage QRS, Electrical alternans
559. ECG changes in **Pulmonary embolism**: SIQIIITIII-pattern, New RBBB
560. ECG changes in **Hypokalemia**: Flattened T waves, ST depression, Presence of U waves
561. ECG changes in **Hyperkalemia:** QRS complex widening, Tall/peaked T waves, widening & flattening of P wave
562. ECG changes in **Hypocalcemia**: Prolonged QT interval
563. ECG changes in **Hypercalcemia**: Shortened QT interval
564. ECG changes in **Hypomagnesemia**: Prolonged PR and QT intervals
565. ECG changes in **Digoxin toxicity ECG:** increase PR interval, T-wave inversion
566. ECG changes in **Nortriptyline (TCAs)/Amiodarone:** Torse de pointe arrhythmia/QT prolongation
567. ECG changes in **Right atrial enlargement**: P pulmonale
568. ECG changes in **Left atrial enlargement**: P mitrale
569. ECG changes in **Hypertrophy of ventricle:** Tall QRS complex
570. ECG changes in **Ventricular fibrillation:** Total loss of rhythmic contraction; totally erratic shape
571. **First heart sound** (S1) is produced during: **Isovolumetric contraction**
572. **Second heart sound** (S2) is produced during: **Isovolumetric relaxation**
573. **Third heart sound (S3)** is produced during: **Rapid filling**
574. **Fourth heart sound (S4)** is produced during: **Atrial Contraction**
575. Heart sound is produced due to **Mitral and tricuspid valve closure**: S1 (First heart sound)
576. Heart sound is produced due to **Aortic and pulmonary valve closure**: S2 (second heart sound)
577. Heart sound in **early diastole during rapid ventricular filling phase**: S3 (third heart sound)
578. Heart sound is in **Late diastole** is: S4 (forth heart sound)
579. Heart sound **occurs due to volume overload**: S3 (third heart sound)
580. Heart sound **occurs due to MI, ventricular hypertrophy**: S4 (forth heart sound)
581. Crescendo-decrescendo systolic ejection murmur seen in: Aortic stenosis (AS)
582. Holosystolic blowing murmur is seen in: Mitral regurgitation (MR)
583. Continuous machine-like murmur is seen in: Patent ductus arteriosus
584. Fixed splitting is seen in: atrial septal defect (ASD)
585. Resting membrane potential of heart is more dependent on: potassium equilibrium
586. Cardiac output increases more in: Exercise > Pregnancy
587. Heart block commonly seen in Lyme disease: 3rd degree/complete heart block
588. Heart block associated with Syncope: 3rd degree heart block
589. **Mean arterial pressure** (MAP) **below 60** activates: CNS Ischemic response
590. **Mean arterial pressure** (MAP) **below 100** activates: Baroreceptor response
591. Maximum feedback gain is via: RAAS
592. Long term BP control by: RAAS
593. Short term BP control by: Baroreceptors
594. Body's most important response to shock: Baroreceptors
595. Preload determine by: EDV (Depends on venous return)
596. After load determine by: MAP
597. TPR determine by: Diastolic BP
598. Triad of hypertension, bradycardia, and respiratory depression: **Cushing reflex**
599. Most common site of atherosclerosis: Abdominal aorta
600. Common cause of sudden death first few hours after MI: Arrhythmia
601. Histamine release lead to increased venous capacitance is the pathogenesis of: Anaphylactic shock
602. Cardiac enzyme which is **most specific after 6 hour** of MI: Troponin I
603. The **Most sensitive as well as specific** for MI is: Troponin
604. Cardiac enzyme which is **most specific**: Troponin I
605. Cardiac enzyme which is **most sensitive**: Troponin T
606. **Gold standard investigation in first 6 hour after MI**: ECG

607. The enzyme of choice for diagnosing reinfarction in MI is: CK-MB
608. Investigation for second MI after 1 week of previous MI: CK-MB
609. The earliest lesion of atherosclerosis is: **Fatty streak**
610. The most common coronary artery involved in atherosclerosis: Left anterior descending coronary artery (LAD)
611. Most common peripheral vessel affected in aneurysm: Popliteal artery.
612. Most common visceral vessel affected in aneurysm: Splenic artery.
613. Most common central vessel affected in aneurysm: Abdominal aorta.
614. Overall Most common vessel affected in aneurysm: Abdominal aorta.
615. The most common site of atherosclerotic aneurysm in body: Abdominal Aorta.
616. The most common cause of true aneurysm in aorta: Atherosclerosis.
617. The most common cause of aortic dissection: Hypertension.
618. Aortic dissection is Associated with: Marfan syndrome, Ehlers-Danlos syndrome, Bicuspid aortic valve (Turner syndrome) and Coarctation of the aorta
619. **Location of aortic dissection** = Ascending aorta (~ 65%), descending aorta, distal to the left subclavian artery (20%), Aortic arch (10%) Abdominal aorta (5% of cases)
620. Characteristic pre-existing lesion in most of the patients in aortic dissection: **Medial degeneration.**
621. The most common cause of death aortic dissection: rupture of aneurysm.
622. **Gold standard definitive investigation** for aortic dissection: CT angiography (CTA)
623. Drug of choice for Rheumatic fever: Benzathine penicillin G, Penicillin V
624. The cells seen after 72 hours in the infarcted area in MI are: Macrophages
625. The cells seen after 14 hours in the infarcted area in MI are Neutrophils.
626. Most accurate diagnostic test for valvular heart diseases: Echocardiography
627. Necrosis in myocardial infarction is **coagulative necrosis.**
628. **Anitschkow cells** are found in Rheumatic myocarditis.
629. Aschoff nodules are seen in Rheumatic fever.
630. Mechanism of the development of Acute Rheumatic Fever: Cross reactivity with exogenous antigen.
631. Normal ejection fraction is: 65%.
632. Most important source of energy for the cardiac myocytes is the: Fatty acids.
633. SA node is the "pacemaker" of the heart
634. AV node is the "gatekeeper" of the heart
635. Heart Failure cells are pigmented alveolar macrophages.
636. The most commonly affected organ in LVF: Lungs
637. Most common cause of **acute endocarditis** (not damage valve): **Staph. aureus**
638. Most common cause of **sub-acute endocarditis** (already damage valve): **Strept. viridans**
639. Most common **viridans streptococcus causing endocarditis**: **Strept. sanguis**
640. Most common cause of **prosthetic valve endocarditis**: **Strept. epidermidis**
641. Most common cause of **endocarditis** in **IV drug abuser**: **Staph. aureus**
642. Endocarditis with **colorectal CA** – **Streptococcus Bovis** → with colorectal CA, from intestine to blood stream and reach to cardiac valve
643. **Libman Sac Endocarditis:** can be seen in SLE patient, present with non-infective vegetation on cardiac valve
644. **SPECIAL FEATURES OF INFECTIVE ENDOCARDITIS**
    - **Fingers: Osler nodes** – painful infarction of pulp of finger
    - **Nails: Sphincter hemorrhage** – Vasculitis under nail bed, & Clubbing
    - **Palm: Janeway lesions** – Erythema of thenar and hypothenar eminence
    - **Eyes: Roth spots** – Retinal Vasculitis
645. **Initial test: Transthoracic echocardiography (TTE)** - vegetations on valves (Hyperechoic mobile masses located on the valve, mural endocardium, or prosthetic material)
646. **Most common heart valve** involve in **IV drug abuser endocarditis**: **Tricuspid valve**
647. **Investigation of choice for acute endocarditis: Blood culture**
648. **Diagnostic criteria for acute endocarditis: Modified Duke criteria**
649. **Patient with** sharp, retrosternal chest pain, low-grade intermittent fever, tachypnea, dyspnea, nonproductive cough, pericardial friction rub: **Acute pericarditis**
650. **Patient with** Beck triad (hypotension, muffled heart sounds, and distended neck veins), Pulsus paradoxus, Pallor, cold sweats, Obstructive shock, cardiac arrest: **Cardiac tamponade**
651. Most common type of cardiomyopathy: Dilated cardiomyopathy
652. Second most common type of cardiomyopathy: Hypertrophic cardiomyopathy

653. Most common cause of sudden heart failure in athletes and teenagers: Hypertrophic cardiomyopathy
654. **Sudden cardiac death** (particularly during or after intense physical activity): Hypertrophic cardiomyopathy
655. **Auscultation:** S4 gallop, holosystolic murmur from mitral regurgitation
656. **Pathogenesis of Hypertrophic cardiomyopathy:** Disarrangement of myofibrils
657. **Patient with** Dyspnea and tachypnea, sudden pleuritic chest pain, cough and hemoptysis, possibly decreased breath sounds. **ECG finding:** SIQIIITIII-pattern: Pulmonary embolism
658. **Surfactants** is secreted by: **Type-II Pneumocytes**
659. ARDS is due to defect in Type-1 Pneumocytes, because type-1 is replaced by type-2 pneumocytes
660. Bronchiectasis is most common in: **Left lower lobe.**
661. Most common type of emphysema clinically: **Panacinar**
662. **Curschmann’s crystals** are seen in **Bronchial asthma.**
663. Most common malignancy of lung is: Squamous cell carcinoma
664. Ectopic ACTH production is seen in: Small cell carcinoma of lung
665. "Flea-bitten" kidney is seen in: Malignant hypertension.
666. **Most common site of carcinoid: small** intestine (45%)> Rectum (20%)> appendix (17%) > Colon (11%)
667. Surgery helps in obstructive sleep apnea: uvulo-Palato-phayngoplasty (UPPP)
668. A tract connecting an intestine to skin is: Fistula
669. **Fistula:** is an abnormal connection between an organ, vessel, or intestine and another structure
670. **Sinus tract:** is an abnormal channel that originates or ends in one opening.
671. **Cleft lip** is due to non-fusion of: Maxillary process with medial nasal process
672. **Cleft palate** is repaired around: after 1 and half years
673. Surgical procedure for Cleft palate repair: Palatoplasty
674. Surgical procedure for Achalasia cardia: Modified Heller myotomy
675. **“Bird’s beak” , “Pencil-tip” or “Rat’s tail” appearance** is seen in: Achalasia
676. **Bariatric surgery for weight loss:** Roux-en-Y gastric bypass (RYGB), Gastric Sleeve, Biliopancreatic Diversion (BPD)
677. Surgery for procedure for Undescended testes (cryptorchidism): Orchidopexy
678. **Indication for Orchidopexy:** between ages 6 and 18 months, (before 12 months of age). Normally testicles have descended by age 6 to 12 months.
679. **Lichtenstein:** Mesh repair (Gold Standard)
680. **Modified Bassini:** Herniorrhapy for Inguinal hernia
681. Surgical procedure for **Rectal prolapse**: Rectopexy
682. Surgical procedure for **Hemorrhoids**: Hemorrhoidectomy
683. Surgical procedure for **Inguinal hernia**: Mesh repair/Lichtenstein repair
684. Surgical procedure for **Choledochal cyst**: Excision of cyst with hepatojejunostomy
685. Surgical procedure for **Annular pancrease** is: Duodeno dudenostomy
686. Surgical procedure for **Duodenal atresia**: Duodenojejunostomy
687. Congenital hypertrophic **pyloric stenosis**: Ramstaed’s pyloromyotomy
688. Surgical procedure for **Pancreatic head and Periampullary cancer**: Whipple procedure
689. Surgery for **Hirschsprung disease**: Duhamel operation
690. Surgical procedure for elective removal of CBD stones is: Endoscopic choledocholithotomy
691. Procedure of choice for **Cholelithiasis**: Laparoscopic cholecystectomy
692. Elective cholecystectomy is: Clean contaminated
693. Procedure of choice for **Appendicitis**: Laparoscopic appendectomy
694. Surgical procedure for **Carcinoid of the appendix**: Appendicectomy
695. Gold standard for diagnosis of acute appendicitis: Contrast-enhanced CT scan (CECT)
696. Management of **Appendicular Mass**: OCHSNER-SHERREN REGIMEN
697. Commonest site of **Intra peritoneal abscess**: Pelvic
698. Commonest position of the **Appendix**: Retrocecal
699. Commonest type of **Anorectal abscess**: Perianal
700. Burst abdomen most commonly occurs on the: 7th day
701. Incision over the eschar to relieve Tension: Escharotomy
702. Initial treatment in a management of trauma: Airway maintenance
703. Commonest injury in **blunt abdominal trauma** is: Spleen
704. Best diagnostic aid in blunt trauma abdomen is: Peritoneal lavage
705. Most common indication for splenectomy: Trauma
706. Most common indication for elective splenectomy: ITP

707. Investigation of choice for Fistula in Ano: MRI Fistulogram
708. Most common type of fistula is: Intersphincteric fistula
709. The treatment of choice in fistula in ano: Fistulotomy
710. Setons: placement is used in: high fistula in ano
711. Most common site of Anal fissure: Mid-line posteriorly (6’O Clock Position)
712. Most common colorectal polyp: Hyperplastic Polyps
713. The most common type of Colorectal hamartoma: Juvenile polyps
714. Peutz-Jegher’s Syndrome is also characterized by: Hamartomatous polyps
715. Most common neoplastic polyp is: Adenomatous, which harbors malignant potential
716. Most colon cancers arise from adenomatous polyps (adenoma)
717. Most common type of kidney stone: Calcium oxalate stones (85%)
718. Most common abnormal site of thyroid tissue formation: Tongue
719. Most common location of thyroglosal cyst in the region: Below the hyoid bone (Subhyoid)
720. Painless, firm, midline neck mass that elevates with swallowing and tongue protrusion: Thyroglossal duct cyst
721. **Sistrunk operation** is done in: Thyroglossal cyst
722. Initial investigation in **Acute pancreatitis**: USG
723. Investigation of choice for **Acute pancreatitis**: CECT
724. Most sensitive test for **Acute pancreatitis**: Amylase
725. Most specific test for **Acute pancreatitis**: Lipase
726. Most common cause of acute pancreatitis in Pakistan is: Gallstones > Alcohol
727. **During appendicectomy** risk of damage: **Iliohypogastric nerve**
728. **During herniotomy** risk of damage: **Ilioinguinal nerve**
729. First investigation to be done in **Biliary pathology**: Ultrasound (USG)
730. First line test for **cholelithiasis** is: Ultrasound (USG)
731. **Initial investigation of choice** for **Acute cholecystitis** is: Ultrasound (USG)
732. **Gold standard investigation** for **Acute cholecystitis** is: **Chole scintigraphy (HIDA scan)**
733. **Initial investigation of choice** for **Cholelithiasis (stone gallbladder)**: USG abdomen
734. **Gold standard investigation** for **Cholelithiasis (stone gallbladder)**: **HIDA scan**
735. **Investigation of choice** to study the **Common bile duct (CBD) pathology**: MRCP
736. **Gold standard test** for **Choledocolithisis (stone in common bile duct)**: ERCP > MRCP
737. **Diagnostic and therapeutic/Treatment of choice** for **choledocolithisis**: ERCP
738. **Presentation of choledocolithisis:** Jaundice + pruritis/itching + clay colored stools + xanthomas
739. **Investigation of choice** to study the **physiology of Biliary system/ Contraction of GB**: HIDA scan.
740. **Gold standard/Investigation of choice** for **Primary sclerosing cholangitis (PSC)**: ERCP
741. Fluid of choice for **Gastric outlet obstruction**: Normal saline
742. Fluid of choice **within 1st 24 hour of burn** patient is **Ringer lactate**
743. Fluid of choice **within after 24 hour of burn** patient is **Colloids**
744. Fluid of choice **Liver and Renal failure** is **Colloids**
745. Fluid of choice in **DKA, Brain injury and hypochloremic metabolic alkalosis**: Normal saline (N/S)
746. Fluid of choice for **Hyponatremia**: Normal saline and hypertonic saline
747. Fluid of choice in **Cerebral edema and pulmonary edema**: Hypertonic saline
748. Fluid of choice in **Cerebral edema/Raised ICP:** Mannitol (Hypertonic solution)
749. Fluid of choice for **Intraoperative fluid management**: Ringer Lactate (R/L)
750. Fluid of choice for **Vomiting**: Normal saline (N/S)
751. Fluid of choice for **Diarrhea**: Ringer Lactate (R/L) > Normal saline (N/S)
752. Fluid of choice for **Hypotensive patient**: Normal saline (N/S)
753. Fluid of choice for **Intestinal obstruction**: Ringer Lactate (R/L)
754. Fluid of choice for **Peritonitis**: Normal saline (N/S)
755. Fluid of choice for **Shock**: Normal saline (N/S)
756. Fluid of choice for **RTA/Accident Hemorrhage**: Normal saline (N/S)
757. Best suture for **hernia surgery** is: Proline (blue color)
758. Best suture for **circumcision** is: Plain catgut suture
759. Best suture for **closing midline abdomen incision** is: Polydioxane (PDS) > Proline
760. Suture removal duration for Eyelid, eyebrow, nose, lip and face is: 3-5 days
761. Suture removal duration for scalp suture is: 6-8 days
762. Suture removal duration for chest and abdomen suture is: 8-10 days
763. Suture removal duration for ear suture is: 10-14 days
764. Suture removal duration for Back, Extremities, Hand and foot/sole is: 12-14 days

765. Most common cause of **small intestine obstruction in adults**: Adhesions
766. Most common cause of **acute intestinal obstruction in children** (under 3 years of age) is: Intussusception
767. Most common cause of **intussusception in Children** is: Payer patch hypertrophy/ Lymphoid hyperplasia(Viral infection)
768. Most common cause of **intussusception in Adults** is: Intraluminal mass or tumor
769. Most common cause of **Large bowel/colon obstruction**: Colorectal cancers > volvulus (2nd common)
770. Most common site of colon obstruction: Rectal > Sigmoid colon
771. Most common cause of **Paralytic ileus causing obstruction**: Post-operative.
772. **Varicocele:** inguino-scrotal lump, testes feels like Bag of worms
773. **Hydrocele:** inguino-scrotal lump with examination Transilluminabality positive
774. **Collection of excessive fluid** in the tunica vaginalis is: Hydrocele
775. **Rodent ulcer:** ulcer is seen in Basal cell carcinoma (BCC)
776. **Marjolin’s Ulcer:** Squamous cell carcinoma in scar/burn/long-standing ulcer
777. **Cushing ulcer:** Ulcer in stomach seen in stress and head injury (Most common site is body and fundus)
778. **Curling ulcer:** Ulcer in duodenum > Stomach seen in Burns patient
779. **Decubitus ulcer/pressure ulcer:** Bed sore in bed ridden patients
780. **Transverse Ulcer:** Tuberculosis (TB)
781. **Longitudinal Ulcer:** Typhoid fever (Enteric fever)
782. **Dendtric ulcer** commonly seen in: Herpes simplex
783. Ulceration of payer’s patch occur in: Salmonella infection
784. **Transmural ulcer:** ulcer seen in Crohn's disease (CD)
785. Ulcerative colitis (UC) is limited to the mucosa and submucosa
786. Skin lesion associated with **ulcerative colitis: Pyoderma gangrenosum.**
787. Cryptitis/crypt abscess, Pseudopolyps are features of: Ulcerative colitis.
788. **Most accurate diagnostic test for ulcerative colitis:** Endoscopy (Ileo-Colonoscopy with Biopsy)
789. Characteristic of Crohn’s disease: Transmural involvement with skip lesions "Skip areas"
790. Crypt abscess is pathognomonic: Ulcerative colitis
791. In Ulcerative colitis involvement of terminal ileum is: Backwash Ileitis
792. Cobble stone appearance is seen in: Crohn disease
793. Pseudopolyps, fistulas and Transmural non-caseating granulomas are features of crohn disease.
794. **Most accurate diagnostic test for** Crohn’s disease: Endoscopy (Ileo-Colonoscopy with Biopsy)
795. Imaging of choice for diagnosis of Crohn’s disease: **CT Enteroclysis**
796. **Aphthous ulceration:** Earliest radiographic findings in enteroclysis
797. Most Common site of Typhoid ulcer: Terminal ileum (payer pitches)
798. Most Common site of Tuberculous ulcer: Terminal ileum
799. Most Common site of Crohn’s disease: Terminal ileum
800. Most Common site of Gallstone ileus: Terminal ileum
801. Most Common site of Ulcerative colitis: Rectum
802. Most Common site of Amebic colitis: Sigmoid colon
803. Most Common site of Volvulus: Sigmoid colon
804. Most Common site of Diverticulae/Diverticulosis: Sigmoid colon
805. Referred abdominal/epigastrium pains to the left arm, jaw, neck and shoulder blades, **Think of: Ruptured aortic aneurysm**
806. Referred abdominal pains to Back (tearing pain), **Think of: Ruptured aortic aneurysm**
807. Referred abdominal/epigastrium pains to Groin, **Think of: Renal colic**
808. Referred abdominal pains to Periumbilical to right iliac fossa, **Think of: Appendicitis**
809. Referred abdominal/epigastrium to Back, **Think of: Pancreatitis**
810. Referred abdominal pain to inferior angle of right scapula blades, **Think of: Acute cholecystitis/Gallstones (Cholelithiasis)**
811. **Murphy’s sign is seen in:** Acute cholecystitis
812. **Boa’s sign:** Referred pain to inferior angle of right scapula in acute cholecystitis
813. **Kehr’s sign is seen in**: Splenic rupture, ectopic pregnancy rupture
814. **Cullen’s sign and Grey-Turner’s sign is seen in:** Retroperitoneal hemorrhage (hemorrhagic pancreatitis, abdominal aortic aneurysm rupture)
815. Vessel involve bleeding in **Extradural hemorrhage:** Middle meningeal artery
816. Vessel involve bleeding in **Subdural hemorrhage:** Bridging and diploic veins
817. **Subarachnoid hemorrhage is due to rupture of:** Berry aneurysms

818. Vessel involve bleeding in **Epistaxis:** Sphenopalatine artery
819. Vessel involve bleeding in **Tonsillectomy:** Paratonsillar vein, tonsillar, and ascending palatine artery
820. Vessel involve bleeding in **Tracheostomy:** Isthmus and inferior thyroid vein
821. Vessel involve bleeding in **Hemoptysis:** Bronchial artery
822. Vessel involve bleeding in **Hemorrhoids:** Submucosal rectal venous plexus, formed by superior and inferior rectal veins
823. Vessel involve bleeding in **Rectopubic prostactomy:** Dorsal venous plexus
824. Vessel involve bleeding in **Lesser curvature of stomach:** Left gastric artery
825. Vessel involve bleeding in **Posterior wall of stomach:** Splenic artery
826. Vessel involve bleeding in **Duodenal ulcer:** Gastroduodenal artery
827. **Leak or stricture of Bile duct after surgery:** Right Hepatic Artery
828. **Structure damage during dissection in ovarian fossa:** Internal iliac artery
829. Structure carry risk of damage during **thoracic surgery e.g. Pneumonectomy, oesphagectomy**: Thoracic duct
830. Structure carry risk of damage during **difficult thyroid surgery**: Parathyroid glands
831. Structure carry risk of damage during **colonic resections/Gynaecological surgery**: Ureters
832. Structure carry risk of damage due to **use of verres needle to establish pneumoperitoneum**: Bowel perforation
833. Structure carry risk **failure to delineate calots triangle carefully and careless use of diathermy**: Bile duct injury
834. Structure always at risk during **Parotidectomy**: Facial nerve
835. Structure damage when **ligating splenic hilum**: Tail of pancreas
836. Structure carry risk of damage during **re-do open hernia surgery**: Testicular vessels
837. Structure carry risk of damage during **liver mobilisation**: Hepatic veins
838. Nerves damaged during **Laparoscopic herniorrhaphy:** lateral femoro-cutaneous nerve
839. Nerves damaged during **open abdominal surgery/ open hernia repair:** the ilioinguinal, iliohypogastric, and the genitofemoral nerves
840. Nerves damaged during **thyroidectomy**: Recurrent laryngeal nerve (RLN)
841. Nerves damaged during **Submandibular gland surgery**: Marginal mandibular branch of facial nerve
842. Artery damage during **cholecystectomy**: Hepatic artery (Right)
843. Artery damage during **appendectomy**: Deep circumplex iliac artery
844. Structure compresses due to **Large Tumor in the posterior mediastinum**: Descending thoracic aorta
845. Structure compresses due to **CA of head of pancreas**: Common bile duct (CBD)
846. Most common site of gastric ulcer: Lesser curvature
847. Most common site of duodenal ulcer: Duodenal cap
848. Most common site of cancer stomach: Antrum
849. Most common site of lymphoma: Antrum
850. Pain in calf for 2 years, first able to walk 360 yards, now only 50 yards: Intermittent Claudication
851. Pain in right hand while writing, firm subcutaneous nodules on posterior aspect of wrist: Ganglion
852. Major injury triad with lateral impact to knee: Medial collateral, medial meniscus and anterior cruciate ligament
853. Site for auscultation of pulmonary valve: **Left 2nd interspace**
854. Site for auscultation of aortic valve: **Right 2nd interspace**
855. Site for auscultation of tricuspid valve: Xiphisternal joint
856. Site for auscultation of mitral valve: Left 5th intercostal space, midclavicular line
857. Landmark of muscle used to pass CVP line: sternocleidomastoid muscle
858. Pericardiocentisis is best achieved by passing a needle through: the subcostal angle
859. During pericardiocentesisis needle is inserted into the pericardial cavity through the: 5th intercostal space left of the sternum (costoxiphoid angle).
860. Structure that lies between protrusion sites of direct and indirect hernias: Inferior epigastric artery
861. Inguinal hernia Most common on: Right side
862. Most common hernia in Elderly: Direct hernia
863. Most common hernia in Children: Umbilical hernia
864. Most common Inguinal hernia in children: Indirect hernia
865. Most common type of hiatus hernia: Sliding
866. Most common type of hernia female: Indirect inguinal hernia > Femoral
867. Cryptorchidism is associated with indirect hernia*
868. Only congenital direct hernia is: Ogilvies hernia (hernia via a defect in conjoined tendon)

869. Most common nerve injured in Laparoscopic hernia repair: Lateral Cutaneous nerve of Thigh.
870. Type of hernia that enters deep inguinal ring: Indirect inguinal
871. Most common type of hernia: Indirect inguinal
872. Most common side for indirect inguinal hernia: Right Side
873. Type of hernia that protrudes through Hesselbach's triangle: Direct inguinal
874. Type of hernia that traverses both deep and superficial rings: Indirect inguinal
875. Most common site of Morgagni hernia is: Right antero medial
876. A mass below and lateral to the pubic tubercle is indicative of a: Femoral hernia.
877. Hernia with high risk of strangulation: Femoral hernia (repair urgently)
878. Hernia containing Meckels diverticulum is termed as: Littre’s hernia.
879. Hernia lateral to the rectus muscle at the level of the arcuate line: Spigelian hernia.
880. Most Common location of Duodenal Ulcer: 1st part of Duodenum
881. Most common location of gastric ulcer: near incisura angularis on Lesser curvature
882. Perforation of posterior wall of duodenum Bleed by: Gastroduodenal artery
883. Perforation of lesser curvature Bleed by: Left gastric artery
884. Perforation of posterior wall of stomach Bleed by: Splenic artery
885. Pelvis in males: Android (Heart shaped)
886. Pelvis is females: Gynecoid (Rounded shape)
887. Most common type of pelvic inlet in females: Gynecoid (Rounded shape)
888. Most favorable pelvis for delivery: Gynecoid pelvis
889. Finger couldn't reach sacral promontory: Android pelvis
890. If Finger reaches Sacral promontory: Contracted Pelvis
891. Presence of normal pancreatic tissue in gastric mucosa: Choristoma
892. Thyroid gland is enclosed by: Pretracheal fascia
893. Dyspnea on lying down: Retrosternal Goiter
894. Nerve injury that causes hoarseness following thyroid surgery: Recurrent laryngeal nerve
895. Most common nerve injured during thyroidectomy: external branch of the superior laryngeal nerve (SLN)
896. Most common nerve injured during tracheostomy: Recurrent laryngeal nerve
897. Most common cause of bleed during thyroidectomy: Inferior Thyroid Vein
898. Trachea start at the level of: C6 Vertebra
899. Tracheostomy Level Children: 3rd > 4th Tracheal ring
900. Tracheostomy Level Adults: 2nd > 3rd Tracheal ring
901. Ankle jerk is by: S1 (Gastrocnemius)
902. Knee jerk is by: L2–L4 (Quadriceps)
903. Biceps jerk is by: C5–C6 (Biceps)
904. Forearm jerk is by: C5–C6 (Brachioradialis)
905. Triceps jerk is by: C7–C8 Triceps
906. **Corneal reflex center:** Pons
907. **Pupillary light reflex center:** Midbrain
908. **Accommodation center:** Cerebral cortex
909. Memory centre is located in: Temporal lobe
910. Long term memories are stored in: Hippocampus
911. Short term memories are stored in: Prefrontal cortex
912. Long term memory is due to structural changes in: Synapses
913. Loss of ability to encode events of Recent past in long term memory is due to damage: Hippocampus
914. Conversion of short-term memory into Long term memory occurs in: **Hippocampus**
915. Decrease protein synthesis + decrease RNA leads to: Long term memory.
916. Inability to create new memories after the injury is: **Anterograde**
917. Inability to recall memories prior to the injury is: **Retrograde**
918. Area is responsible for comprehension of language as well as production of coherent language is: Wernicke’s area (area 22)
919. Inability to produce words: **Broca’s aphasia**
920. Inability to comprehend language and produce coherent speech: **Wernicke’s aphasia**
921. Inability to repeat after hearing a sentence: **Conduction aphasia**
922. Inability to produce words or coherent speech; however, repetition is spared: Transcortical aphasia.
923. All language function is impaired called as: **Global aphasia.**
924. CT shows biconvex, crescent-shaped area that does not cross the midline: Subdural hemorrhage
925. CT shows a biconcave, lens-shaped enhancement with smooth borders: Epidural/Extra hemorrhage
926. Dilated and fixed pupil is seen in which hemorrhage: Subdural hematoma
927. Severe headache of life, vomiting and CSF blood tinged: sub arachnoid hemorrhage
928. Hemorrhage most commonly caused by systemic hypertension: Intraparynchymal hemorrhage
929. Brief reversible episode of neurologic dysfunction lasting fewer than 24 hour’s: Transient ischemic attack

930. Ventricle which communicates with the subarachnoid space via three outlet foramina: two foramina of Luschka and one foramen of Magendie: Fourth ventricle
931. Modified ependymal cells known as the choroid plexus produce: Cerebrospinal fluid.
932. Cerebrospinal fluid (CSF) is made by: Choroid plexus.
933. CSF is reabsorbed into the venous system through the: Arachnoid granulation.
934. CSF production per hour is: 20ml/hour.
935. Daily production of CSF is: 400-500 ml (average 450ml)
936. CSF present in ventricles and subarachnoid space is: 90 ml to 150 ml
937. CSF rhinorrhea occurs due to fracture of: Cribriform plate of ethmoidal bone (it is extremely thin).
938. Most common cause of CSF rhinorrhea is: Iatrogenic trauma/Surgery.
939. CSF rhinorrhea is seen in Le Fort II and Le Fort III fracture as cribriform plate is injured.
940. Investigation of choice to detect CSF rhinorrhea is: MRI
941. Lying flat on their back, with passive flexion of neck, patent flexes knees is: Brudxinski's sign
942. Inability to straighten knee when hip is flexed at 90 degrees is: Kernig's sign
943. Clinical Triad of Dementia, ataxia and urinary incontinence is seen in: **Normal pressure hydrocephalus**
944. Hydrocephalus Most commonly due to obstruction of: Aqueduct of Sylvius
945. Site of lumber puncture is usually between the: L3-L4 or L4-L5
946. Subarachnoid space extends to: Lower border of S2
947. Common nerve involved in diabetic neuropathy: 3rd CN
948. Upward gaze damage to: 4th CN
949. Failure to abduct eye. Damage to which nerve: 6th CN
950. Bell's palsy is due to injury of: 7th CN paralysis (Facial nerve palsy)
951. Most common CNS complication after sarcoidosis: 7th CN palsy (Facial nerve paralysis)
952. Isthmus of thyroid gland lies: directly anterior to the 2nd, 3rd, and 4th Tracheal rings
953. Most common fracture due to fall on outstretched hand in children: Supracondylar fracture of humerus
954. Most common fracture due to fall on outstretched hand in adolescent: Fracture of Scaphoid
955. Most common fracture due to fall on outstretched hand in elderly: Colles Fracture
956. Most common fracture during childhood: Greenstick Fracture: Radius > Ulna
957. Most common fracture during childhood around elbow: Supracondylar fracture of humerus
958. Fracture of hook of hamate: Ulnar Nerve Damage (Cubital Tunnel)
959. Axillary nerve is formed by: C5-C6
960. Ulnar nerve is formed by: C8-T1
961. Median nerve is formed by: C5-T1
962. Anatomical snuff box pain: Radial Artery
963. Name of fracture of distal radius that produces "dinner fork" appearance: Colle's fracture
964. Nerve injured in fracture of surgical neck of humerus: Axillary nerve
965. Nerve injured in Anterior dislocation of humerus: Axillary nerve
966. Axillary Nerve and Post Circumflex artery due to damage: Anterior Dislocation of Shoulder joint
967. Axillary Nerve and Post Circumflex artery damage due to injury: Quadrangular Space
968. Nerve injured in Fracture of medial epicondyle of humerus (proximal lesion): Ulnar nerve
969. Nerve injured in Fractured hook of hamate (distal lesion) from fall on outstretched hand: Ulnar nerve
970. Nerve injured in Compression of nerve against hamate as the wrist rests on handlebar during cycling: Ulnar nerve
971. Nerve injured in Supracondylar fracture of humerus: Median nerve
972. Nerve injured in fracture of Mi-shaft of humerus: Radial nerve
973. Repetitive pronation/supination of forearm, e.g., due to screwdriver use ("finger drop"): Radial nerve
974. Nerve injured in wrist drop: Radial Nerve
975. Compression of axilla, eg, due to crutches or sleeping with arm over chair ("Saturday night palsy"): Radial nerve
976. Radial nerve can be compressed against the operating table (medial aspect of the arm) during an operation : Saturday Night Palsy
977. Nerve injured in Upper trunk compression: Musculocutaneous (C5-C7)
978. Most commonly torn tendon of rotator cuff: Supraspinatus muscle
979. **Winging of Scapula** is due to paralysis of: **Serratus anterior muscle**
980. **Winging of scapula** is due to injury to: **Long thoracic nerve** (roots C5-C7)
981. Causes of **Long thoracic nerve**: Axillary node dissection after mastectomy, stab wounds

982. Erb palsy ("waiter's tip") due to Traction or tear of upper trunk: C5-C6 roots
983. Klumpke palsy (claw hand) due to Traction or tear of lower trunk: C8-T1 roots
984. Scaphoid (palpable in anatomic snuff box) is the most commonly fractured carpal bone
985. **Carpal tunnel syndrome:** Entrapment of median nerve in carpal tunnel (between transverse carpal ligament and carpal bones) → nerve compression → paresthesia
986. Fracture of the hook of the hamate can cause ulnar nerve compression: Guyon canal syndrome.
987. Metacarpal neck fracture also called as: Boxer's fracture
988. Boxer's fracture is common fracture caused by: Direct blow with a closed fist (eg, from punching a wall).
989. Boxer's fracture is most commonly seen in the: 5th metacarpal
990. Atrophy of the thenar eminence can be seen in: Median nerve lesions
991. Atrophy of the hypothenar eminence can be seen in: Ulnar nerve lesions.
992. "Ulnar claw" sign (Extending fingers/at rest) nerve involve: Distal ulnar nerve
993. "Hand of benediction" (Making a fist) nerve involve: Proximal median nerve
994. "Median claw" sign (Extending fingers/at rest) nerve involve: Distal median nerve
995. "Trouble making a fist" (Closing the hand) nerve involve: Proximal ulnar nerve
996. Nerve damaged in Abdominal surgery: Iliohypogastric (T12-L1)
997. Nerve damaged in Laparoscopic surgery: Genitofemoral nerve (L1-L2)
998. Nerve damaged in Pelvic surgery: Obturator (L2-L4)
999. Nerve damaged in Pelvic fracture, compression from retroperitoneal hematoma or psoas abscess: Femoral (L2-L4)
1000. Nerve damaged in Herniated disc, posterior hip dislocation, piriformis syndrome: Sciatic (L4-S3)
1001. Sciatic (L4-S3) Splits into: common peroneal nerve (CPN) and tibial nerves
1002. Nerve injured in Fibular neck fracture: Common (fibular) peroneal nerve (L4-S2)
1003. Nerve injured in Trauma or compression of lateral aspect of leg: Common (fibular) peroneal nerve
1004. Foot drop is caused by damage to: Common (fibular) peroneal nerve
1005. Patient can't stand on tip of toes, nerve damaged is: Tibial nerve
1006. Injection intragluteal is given with technique to avoid damage to: Superior gluteal nerve (L4-S1)
1007. Patient asked to stand on his right foot, his left hip drops (Trendelenburg sign/gait): Right superior gluteal nerve damaged
1008. Difficulty climbing stairs, rising from seated position; loss of hip extension: Inferior gluteal nerve damaged
1009. Nerve injured in Posterior hip dislocation: Inferior gluteal nerve (L5-S2)
1010. Patient with decrease sensation in perineum and genital area; develop fecal and/or urinary incontinence: Pudendal nerve
1011. **Pudendal nerve (S2-S4)** can be blocked with local anesthetic during childbirth using ischial spine as a landmark for injection
1012. Most common ankle sprain overall: Anterior talofibular ligament (classified as a low ankle Sprain)
1013. Anterior talofibular ligament is caused by due to: overinversion/supination of foot.
1014. Most common high ankle sprain: Anterior inferior tibiofibular ligament
1015. Great saphenous vein graft taken from: Posterior to Lateral malleolus
1016. Medial epicondylitis (golfer's elbow): Repetitive wrist flexion or idiopathic, pain near medial epicondyle.
1017. Lateral epicondylitis (tennis elbow): Repetitive wrist extension (backhand shots) or idiopathic, pain near lateral epicondyle
1018. Fracture of medial malleolus lead to injury of: Tibial nerve , posterior tibial artery
1019. IOC for **Extra-dural hematoma/Epidural hematoma**: CT scan brain
1020. IOC for **Sub-dural hematoma**: CT scan brain
1021. IOC for **Sub-arachnoid hemorrhage (SAH):** CT scan brain
1022. IOC for **the etiology of SAH**: 4 vessel MR Angiography > CT Angiography > DSA
1023. IOC for **Acute brain hemorrhage/stroke**: CT scan brain
1024. IOC for **Intracranial space occupying lesion/brain tumor**: MRI brain
1025. IOC for **Myasthenia gravis**: Electromyography (EMG)
1026. IOC for **Giant cell arthritis (temporal arthritis)**: Temporal artery biopsy
1027. IOC for **GI tuberculosis (abdominal, intestinal)**: contrast enhanced CT scan (CECT)
1028. IOC for **Hepatocellular carcinoma**: contrast enhanced CT scan (CECT)
1029. IOC for **Renal cell carcinoma**: Contrast enhanced CT scan (CECT)
1030. IOC for **Renal stone**: CT scan
1031. IOC for **Cholelithiasis (Gallstones)**: Ultrasonography (USG)

1032.IOC for **Pyogenic liver abscess**: Ultrasonography (USG) < CT scan
1033.IOC for **Amoebic liver abscess**: Ultrasonography (USG) < CT scan
1034.IOC for **Hydatid disease**: ELISA (If not in option than select USG < CT scan)
1035.IOC for **CBD stones**: MRCP
1036.IOC for **Intra-abdominal abscess**/**Splenic abscess**/**Lung abscess**: CT scan
1037.IOC for **Evaluation patients with abdominal trauma**: CT scan
1038.IOC for **Peptic ulcer perforation**: X-ray abdomen
1039.IOC for **Portal hypertension**: Colour Doppler USG
1040.IOC for **Vesicoureteric reflux (VUR)**: Micturating cystourethrogram (MCU) or Voiding Cysto-Urethrogram (VCUG)
1041.IOC for **Renal tuberculosis**: CECT
1042.IOC for **Renal cell carcinoma**: CECT
1043.IOC for **Posterior urethral valve**: MCU/VCUG
1044.IOC for **Testicular torsion**: Color Doppler USG
1045.IOC for **Carcinoma bladder**: Cystoscopy with biopsy
1046.IOC for **Deep venous thrombosis (DVT)**: Duplex ultrasound
1047.IOC for **Varicose veins**: Duplex ultrasound
1048.IOC for **Detecting small para-aortic lymph node**: CT scan
1049.IOC for **Carcinoma of breast**: Fine needle aspiration cytology (FNAC)
1050.IOC for **Fibroadenoma**: FNAC
1051.IOC for **Discrete thyroid swellings**: FNAC
1052.IOC for **Solitary thyroid nodule (STN)**: FNAC
1053.IOC for **Papillary carcinoma of thyroid**: FNAC
1054.IOC for **Follicular carcinoma thyroid**: FNAC
1055.IOC for **Medullary carcinoma thyroid**: FNAC
1056.IOC for **Anaplastic carcinoma**: Incisional biopsy > FNAC
1057.IOC for **Thyroid lymphoma**: Core-needle biopsy
1058.IOC for **Parotid tumors**: FNAC
1059.IOC for **Upper GI bleeding**: Upper GI endoscopy (EsophagoGastroDuodenoscopy)
1060.IOC for **Lower GI bleeding**: Colonoscopy (Sigmoidoscopy)
1061.IOC for **Diagnosis of CA esophagus**: Endoscopy with biopsy
1062.IOC for **Hirschsprung's disease**: Rectal biopsy
1063.IOC for **Diagnosis of CA rectum**: Sigmoidoscopy (rigid, not flexible) and Biopsy
1064.IOC for **Diagnosis of CA anal canal**: Proctoscopy with biopsy
1065.IOC for **Aplastic anemia**: Bone marrow biopsy
1066.IOC for **Acute leukemia**: Bone marrow biopsy
1067.IOC for **Cystic fibrosis**: Sweat chloride test
1068.IOC for **Diabetes mellitus**: 2 hour oral glucose tolerance test (OGTT) → 2 hours after consumption of 75 g of glucose in water if value ≥ 200 mg/dL = Diabetes mellitus
1069.IOC for **Monitoring of Diabetes mellitus**: Hemoglobin A1c (HbA1c) → Reflects average blood glucose over prior 3 months (influenced by RBC turnover)
1070.IOC for **Acromegaly**: Oral glucose tolerance test (Screening test = serum IGF-1)
1071.IOC for **Gigantism**: Oral glucose tolerance test (OGTT)
1072.IOC for **Thyroid status**: TSH level
1073.IOC for **Wilson disease (hepatolenticular degeneration)**: serum ceruloplasmin
1074.IOC for **Inflammatory bowel diseases (Crohn disease, Ulcerative colitis) for monitor activity** and distinguish from non-inflammatory diseases (Irritable bowel syndrome): Fecal calprotectin
1075.IOC for **Bacterial infective endocarditis**: Blood culture
1076.IOC for **Acute rheumatic fever**: ASO titre
1077.Treatment of choice for **Pheochromocytoma**: Adrenalectomy
1078.In liver cell injury enzyme decrease: Psuedocholinesterase
1079.Serum marker for liver damage: ALT & AST
1080.Marker of Liver failure: PT
1081.Best prognostic factor in acute liver failure is: PT
1082.Marker of liver's biosynthetic function: Albumin
1083.**Prothrombin time (PT)** shows: Extrinsic pathway (Factor 7)
1084.**Activated partial thromboplastin time (aPTT)** shows: Intrinsic pathway (Factor VIII & IX)
1085.Bleeding time (BT) shows: Platelets function
1086.Monitoring of Heparin (Extrinsic pathway): aPTT.
1087.Monitoring of Warfarin (Intrinsic pathway): PT/INR.
1088.To access in patients with prolonged or chronic liver disease which test is to be done: Albumin.
1089.Patient with prolonged PT and BT: Factor VII deficiency.
1090.Patient with prolonged aPTT and BT: VWB disease.
1091.Patient with prolonged aPTT and normal BT: Hemophilia.
1092.Patient with prolonged PT and aPTT: Vitamin-K deficiency.
1093.Patient with prolonged aPTT, PT and BT: DIC.
1094.Plasmin is responsible for degradation of: Fibrin.
1095.Factor Xa is a necessary for conversion of prothrombin to thrombin in both extrinsic and intrinsic pathways.
1096.Tests used to monitor the intrinsic pathway: APTT.
1097.Tests used to monitor the Extrinsic pathway: PT/INR.

1098.Test is used for monitoring of diabetes mellitus: HBA1C.
1099.Increase C-peptide levels may indicate insulin resistance and hyperinsulinemia: T2DM
1100.Decrease C-peptide levels indicate an absolute insulin deficiency: T1DM
1101.Complication commonly seen in type-1 diabetes mellitus (T1DM): Diabetic Ketoacidosis (DKA), rarely seen in type-2 diabetes mellitus (T2DM)
1102.Complication of type-2 diabetes mellitus: Hyperosmolar hyperglycemic state (HHS)
1103.**Ketone bodies** positive in diabetic ketoacidosis (DKA)
1104.Early sign of diabetic nephropathy: Microalbuminuria
1105.Initial DOC in newly diagnosed type-2 diabetes mellitus: Metformin (Biguanides)
1106.DOC in obese patient with type-2 diabetes mellitus: Metformin (Biguanides)
1107.DOC in thin, lean patient with type-2 diabetes mellitus: Sulphonyl urea (Glimepiride)
1108.DOC for type-1 diabetes mellitus: Insulin
1109.DOC for diabetes mellitus in pregnancy/Gestational diabetes mellitus: Insulin (regular)
1110.DOC for diabetic nephropathy: ACEIs (Captopril, Enalapril) or ARBs (Valsartan, Losartan)
1111.MOA of Detemir and glargine insulin: Long acting
1112.MOA of Lispro, Aspart and Glulisine insulin: Rapid acting
1113.MOA of Regular insulin: Short acting
1114.MOA of NPH insulin: Intermediate acting
1115.Site of absorption of Vitamin-B12: Terminal ileum
1116.Site of absorption of Folic acid/folate: Jejunum
1117.Site of absorption of Iron/ferrous sulphate: Duodenum
1118.Site of absorption of Calcium: Duodenum
1119.Site of absorption of Bile salt: Ileum
1120.Site of absorption of Bicarbonate: PCT and collecting ducts
1121.Site of absorption of Water: Jejunum > ileum >colon
1122.Site of absorption of Water Plus electrolytes: colon > ileum and jejunum
1123.Site of absorption of Fat: Ileum
1124.Site of absorption of sodium: Actively by colon, passively by jejunum
1125.Increase TSH, decrease T4 (or ↓T3): Hypothyroidism
1126.Decrease TSH, Increase T4 (or ↑ T4): Hyperthyroidism
1127.**Episodic hypertension** is the feature of: Pheochromocytoma
1128.Post-partum bleeding/PPH leads to which syndrome: Sheehan syndrome
1129.Cold sensation is carried by: **End bulb of kruse.**
1130.Warmth sensation is carried by: Ruffins nerve endings.
1131.Golgi tendon organ present in: Tendon of skeletal muscle
1132.Golgi tendon organ is responsible for: Deep tendon reflexes
1133.Muscle spindle organ is present in: Bulk of skeletal muscle
1134.Muscle spindle organ is act as/for: Deep tendon reflex
1135.Follicular cells: Triiodothyronine (T3) & Thyroxin (T4)
1136.Para-follicular cell (C-cells) of thyroid secrete: Calcitonin
1137.Chief cells of parathyroid: Parathyroid hormone (PTH)
1138.Beta cells of pancreas secrete: Insulin.
1139.Alpha cells of pancreas secrete: Glucagon.
1140.**G cells** secrete: Gastrin.
1141.Growth hormone (somatotropin) & Prolactin (lactotropin) is secreted by: **Anterior pituitary**
1142.Anti-diuretic hormone (ADH, vasopressin), oxytocin is secreted by: Posterior pituitary
1143.Metabolic fuel of Brain: Glucose
1144.Metabolic fuel of Heart: Amino acid
1145.Metabolic fuel during short-term starvation, typically within the first 1-3 days: Amino acid
1146.Metabolic fuel by brain during long-term starvation, typically after 3 days: Ketone bodies
1147.Phases of Starvation: 1st carbohydrates, then Fats, then Proteins
1148.Phases of Starvation: 1st phase till 24 hours = Carbohydrates, 2nd Phase from 24 hour to 12 days /2 weeks = Fats, 3rd phase = Proteins
1149.Most common cause of fatty liver in worldwide is: Obesity (leads to insulin resistance and metabolic syndrome)
1150.Most common cause of fatty liver in Pakistan is: Starvation (malnutrition) > obesity > than HBV and HCV
1151.Cause of vitamin-D deficiency in adults: Osteomalacia
1152.Cause of vitamin-D deficiency in children: Rickets
1153.Para follicular cell of thyroid (C cells) secrete: Calcitonin
1154.Two signs seen in hypocalcaemia: Chvostek, trousseaus sign
1155.Glucagon Secreted in response to: Hypoglycemia
1156.Diagnostic test for **gigantism, acromegaly and diabetes mellitus**: Oral-glucose tolerance test (OGTT)
1157.Screening test for gigantism and acromegaly: IGF-I (Somatomedin-C)

1158.Thyroid Ophthalmopathy is seen in: Graves' disease
1159.Chief cells of parathyroid is responsible for: PTH
1160.Cramps, pain, parenthesis, carpopedal spasm is the features of: Hypocalcemia
1161.Most common cause of hyperthyroidism: Graves' disease
1162.Psammoma bodies (Orphan Annie" eyes) is seen in: Papillary carcinoma
1163.Anti-apoptotic gene: **Bcl-2**
1164.**Growth promoting gene** is: Proto-oncogene
1165.**Caspase** is involved in: **apoptosis**
1166.**Brown atrophy** is due to accumulation of: **Lipofuscin**
1167.**Specific feature of apoptosis:** Cell shrinkage
1168.**Apoptosis is induced by activation of:** Caspases
1169.First response of inflammation is: Vasodilatation
1170.First response against acute inflammation in tissue: Macrophage
1171.First response against acute inflammation in blood: Neutrophils
1172.Monocytes function of granulation tissue in wound healing by second intention is: Wound contraction
1173.**Metastatic calcification** is most seen in lungs.
1174.**Calcification in necrotic** tissue is called dystrophic calcification.
1175.**Dystrophic calcification** is seen in atheroma.
1176.Most characteristic features of acute inflammation are vasodilatation and increased vascular permeability.
1177.Atherosclerosis is a type of chronic inflammation.
1178.Epithelioid granulomas are caused by: Helper T cells.
1179.**Wound contraction** is mediated by: Myofibroblast.
1180.Mutation in Sickle cell anemia is due to: Point mutation.
1181.The function of microglia: Phagocytosis
1182.**Trisomy 13:** Patau's syndrome
1183.**Trisomy 18:** Edwards's syndrome
1184.**Trisomy 21:** Down syndrome
1185.Commonest chromosomal syndrome is Trisomy 21.
1186.Coarctation of aorta is common in Turner's syndrome.
1187.Immunoglobulin which is **Most abundant in plasma**: IgG
1188.Immunoglobulin which is **Crosses placenta:** IgG
1189.Immunoglobulin which is present in **body secretion (urethral, vaginal & GI discharge)**: IgA
1190.Main anti-body in **primary response**: IgM
1191.Main anti-body in **secondary response**: IgG
1192.Preexisting antibodies in case of renal transplantation will lead to Hyperacute rejection.
1193.Antinuclear antibody specific for SLE is Anti-ds DNA
1194.HLA associated with rheumatoid arthritis is HLA – DR4.
1195.AIDS affects selectively by: CD4 T cells.
1196.HIV affects: Helper T-cells.
1197.**Spherocytes** are seen in autoimmune hemolysis.
1198.**Fragmented RBCs** are seen in: HUS.
1199.**Howell-Jolly bodies** are seen in: Post-splenectomy.
1200.Most common cause of **splenic rupture** is: Malaria.
1201.Common site of hematopoiesis in fetus is the: Liver.
1202.Increased TIBC, decreased serum ferritin is diagnostic of: Iron deficiency anemia (IDA).
1203.The **earliest sign** of **iron deficiency** anaemia is **decrease in serum ferritin level**.
1204.Most sensitive and specific test for diagnosis of iron deficiency is Serum ferritin levels.
1205.Idiopathic thrombocytopenia purpura (ITP) is **quantitative platelet defect**
1206.Most common immunological disorder in women of child bearing age: ITP
1207.Isolated thrombocytopenia is ITP until proven otherwise.
1208.A child with thrombocytopenia and petechiae following a viral illness: ITP
1209.**Laboratory findings in ITP: platelet** decreases, **BT** increase, normal PT, aPTT, and CT
1210.A 6 years old child presents after 1 week of upper respiratory tract infection with bruising, petechiae, mild epistaxis, and gingival bleeding. Labs reveal Decrease platelets, Increased BT, Normal PT and aPTT. Peripheral smears shows enlarged platelets: ITP
1211.**TTP is Inherited** or **acquired deficiency or inhibition of metalloproteinase ADAMTS13**
1212.A 24-year-old woman presents with acute-onset fatigue, fever, and blurry vision. She was recently diagnosed with AIDS and was on multiple anti-retroviral medications. On physical exam, her skin is mildly jaundiced and she has multiple purpura over her extremities. Labs reveals anemia, normal PT and aPTT, increased BT peripheral smear reveals with helmet cells: Thrombotic thrombocytopenia purpura (TTP)
1213.Inherited mixed platelet and coagulation disorder from deficiency in: von Willebrand factor (vWF)
1214.**Mode of inheritance of** Willebrand's disease (VWD) **:** Autosomal dominant
1215.Most common inherited bleeding disorder: Willebrand's disease (Female to male ratio 2:1)
1216.A 26-year-old woman presents with a recurrent history of nosebleeds and heavy menses. Labs

show increased PTT, normal PT, and increased bleeding time. = VWD

1217.Von Willebrand's disease (VWD) is qualitative platelet defect + intrinsic pathway abnormality

1218.Isolated rise in APTT is seen in: Von Willebrand's disease (VWD)

1219.Decreased agglutination seen on the ristocetin factor assay is diagnostic of VWD

1220.ASA increase the risk of bleeding in patient with Von Willebrand's disease (VWD)

1221.**Investigation of choice** for VWD is serum VWF level

1222.Increase BT, decrease WVF is VWD (Intrinsic coagulative defect)

1223.Mode of inheritance of hemophilia: **X-linked recessive**

1224.Most commonest type of hemophilia: **Hemophilia-A**

1225.**Hemophilia-A** is due to deficiency of: **Factor VIII**

1226.**Hemophilia-B** is due to deficiency of: **Factor IX**

1227.**Hemophilia-C** is due to deficiency of: **Factor XI**

1228.**Hemophilia-A** is known as: **Classic hemophilia**

1229.**Hemophilia-B** is known as: **Christmas disease**

1230.The **specific features** of hemophilias: **Haemarthrosis** and **muscle haematoma**

1231.**Investigation of choice** for **hemophilia-A**: Serum factor VIII level

1232.**Investigation of choice** for **hemophilia-B**: Serum factor IX level

1233.**Investigation of choice** for **hemophilia-C**: Serum factor XI level

1234.Bleeding tendencies since birth, haemarthrosis and muscle haematoma with prolong APTT, serum factor VIII is normal: think of Hemophilia-B

1235.Bleeding tendencies since birth, haemarthrosis and muscle haematoma with prolong APTT, serum factor VIII decrease: Hemophilia-A (Classic hemophilia)

1236.Bleeding tendencies since birth, haemarthrosis and muscle haematoma with prolong APTT, serum factor VIII & factor IX is normal: think of Hemophilia-C

1237.Disseminated Intra-vascular Coagulation (DIC) is consumptive coagulopathy

1238.Disseminated Intra-vascular Coagulation (DIC) is king of bleeding disorder because there is consumption of platelets clotting factor and RBC's loss

1239.Decreased fibrinogen level (indicative of associated hyperfibrinolysis) is seen in DIC.

1240.DIC is commonly seen in M3 AML.

1241.**Patients** with anemia and thrombocytopenia, with Labs increased **PT**, increased **APTT**, increased **BT**, and increased **FDP**: DIC

1242.**Investigation of choice for DIC: Dimer** (Fibrin degraded products)

1243.Predisposing factor for arterial thrombosis is Protein S deficiency

1244.Hypercoagulability due to defective factor V gene is called Leiden mutation

1245.Most common inherited thrombotic disorder is Factor V Leiden mutation

1246.Most common blood transfusion reaction is: Febrile non-hemolytic transfusion reaction.

1247.Complement mediated Hemolysis is seen in: Acute hemolytic blood transfusion reactions.

1248.Platelet transfusion is contraindicated in: TTP

1249.Factor VII deficiency may present with isolated prolongation of prothrombin time (PT).

1250.Prothrombin time (PT) is increased in Vitamin-K deficiency.

1251.Prothrombin time (PT) is used to monitor: extrinsic pathway

1252.Activated partial thromboplastin time (APTT) is used to monitor: intrinsic pathway

1253.**Hepatitis C** is associated with **Porphyria Cutanea tarda.**

1254.Massive transfusion → Hyperkalemia

1255.Repeated/Multiple Transfusions → Hypocalcemia

1256.**Platelets:** Not required until actively bleeding or count is < 20,000.

1257.**FFPs:** used to correct clotting defects e.g., DIC, warfarin overdose, liver disease, TTP.

1258.**Indication of Whole Blood Transfusion:** Exchange Transfusion, Acute massive blood loss (as a rule, replace what's lost)

1259.**Indication of Red Cell Concentrate:** Used to correct anemia specially when person is already in fluid overload and whole blood cannot be transfused. 1 unit increases Hb by 1-1.5 mg/dL.

1260.Pancytopenia without splenomegaly is aplastic anemia

1261.**Investigation of choice** of aplastic anemia is bone marrow biopsy

1262.**Sideroblastic anaemia** is cause by isoniazid

1263.**Blast cells "sideroblast"** in cytoplasm is the diagnostic feature of Sideroblastic anaemia

1264.**Frequently affected proteins in Hereditary Spherocytosis:** Spectrin > Ankyrin > Band 3 > Protein 4.2

1265.**Mode inheritance of Hereditary Spherocytosis:** Autosomal dominant (75%), Autosomal recessive (25%)

1266.**Black pigment gallstones** (made of calcium bilirubinate) is seen in: Hereditary Spherocytosis

1267.**Peripheral blood smear** in **hereditary Spherocytosis:** Characteristic spherocytes (small round cells without central pallor)

1268.**Test of choice for hereditary Spherocytosis:** Eosin-5-maleimide binding test (EMA binding test)
1269.**Treatment of choice for hereditary Spherocytosis: Splenectomy** (Sole definitive treatment)
1270.Chromosome involve in **sickle cell anemia** is: **Chromosome-11**
1271.In chromosome-11 **Hb-SS gene** is responsible for: **Sickle cell anemia**
1272.In chromosome-11 **Hb-AS gene** is responsible for: **Sickle cell trait**
1273.Commonest **acute presentation** of sickle cell anaemia: **Bone pain**
1274.Benefit of **sickle cell trait** is: **Provide natural protection against malaria**
1275.**Howel-jolly bodies** is the feature of **venous-crisis** seen in: **Sickle cell anemia**
1276.**Auto-splenectomy** in children > 3 years is the feature of: Sickle cell anemia
1277.**Aplastic crisis** is seen in sickle cell anemia caused by: **Parvovirus B19 (erythrovirus)**
1278.Serum heptoglobin decreases (intra-vascular hemolysis) in: Sickle cell anemia
1279.**Investigation of choice** for sickle cell anemia is: **Hb electrophoresis**
1280.**Hair on end appearance in X-rays skull** is seen in Thalassemia.
1281.**Investigation of choice** in thalassemia is **Hb electrophoresis.**
1282.Nucleated + target cells on peripheral smear seen in: beta thalassemia major
1283.**Beta thalassemia minor:** slightly decrease HbA and increase HbA2 + HbF (2%)
1284.In **Beta thalassemia major** Hb electrophoresis will shows increased HbA2 and HbF with little or no HbA
1285.G6PD deficiency is due to **enzyme defect** in **HMP shunt (**hexose monophosphate shunt).
1286.G6PD is the rate-limiting enzyme of the pentose phosphate pathway (AKA ‘HMP shunt’)
1287.G6PD deficiency is the most common human enzyme deficiency
1288.Mode of inheritance of G6PD deficiency: X-linked recessive
1289.**Extra vascular + intra vascular hemolysis** is seen in G6PD deficiency
1290.Hemolysis in G6PD may be caused by: antimalarial drugs - Primaquine, chloroquine & quinine
1291.**Drugs causes G6PD deficiency anemia:** antimalarial (chloroquine, primaquine), sulfa drugs (trimethoprim-sulfamethoxazole ‘AKA’ Septran/co-trimoxazole), nitrofurantoin, isoniazid, dapsone, NSAIDs, ciprofloxacin, chloramphenicol.
1292.**Fava beans causes:** G6PD deficiency
1293.G6PD deficiency anemia: **provide natural protection against malaria**
1294.**Peripheral blood smear: Bite-cells, spherocytes** and **Heinz bodies**
1295.**Heinz bodies** on peripheral smear is the diagnostic of G6PD deficiency
1296.Increased Oxidative stress (due to Fava beans/drugs) in patients with G6PD deficiency may lead to the detection of Heinz bodies and bite cells on the peripheral blood smear.
1297.Screening test for G6PD deficiency anemia: fluorescent spot test
1298.**Investigation of choice for G6PD**: Quantitative analysis of enzyme in human body (quantitative G6PD enzyme analysis)
1299.**Bence Jones protein** on urine electrophoresis is seen in: M**ultiple myeloma**
1300.Commonest site of **lytic lesion**, in multiple myeloma is the: Vertebral column.
1301.**Russell bodies** is seen in: Multiple Myeloma.
1302.**Lytic lesions** on x-ray is seen in: Multiple myeloma.
1303.Classical markers for Hodgkin's disease are CD 15 and CD 30
1304.**Reed Sternberg cells** are found in: Hodgkin’s disease.
1305.**Starry sky appearance (Bulls eyes)** is seen in: Burkitt’s lymphoma.
1306.**Characteristic feature** of CLL on peripheral smear: **“Smudge cells”**
1307.**Smudge cell** on lymph-node biopsy is seen in: **Chronic lymphocytic leukemia (CLL)**
1308.**Smudge cells (Gumprecht shadows):** mature lymphocytes that rupture easily
1309.Virus which causes **burkitt lymphoma**: **Ebstein bar virus (EBV)**
1310.Chromosomal translocation in **Burkitt lymphoma**: **t8;14**
1311.Acute Lymphoblastic Leukemia (ALL) most commonly seen in children’s (5-15 years)
1312.**Most common childhood** leumia is Acute Lymphoblastic Leukemia (ALL)
1313.**Most common leukemia in adults: Acute Myeloid Leukemias (AML)**
1314.**Auer rods** are seen in AML
1315.AML causing **Gum hypertrophy** is M4
1316.Function of hepatic stellate cells is: Vitamin-A storage.
1317.Bile conjugation occurs in: Liver.
1318.Nutmeg liver is seen in: Chronic venous congestion (CVC)
1319.Nutmeg liver is seen in: Right sided heart failure.

1320.Unconjugated hyperbilirubinemia is seen in Gilbert's syndrome.
1321.**Piecemeal necrosis** on liver biopsy is characteristic of: Chronic active hepatitis.
1322.Hepatitis virus that causes chronic liver disease is: Hepatitis C.
1323.Ground glass hepatocyte is seen in which hepatitis is: Hepatitis B.
1324.Viral hepatitis most commonly sexually transmitted is: HBV
1325.Most dangerous (Lethal) hepatitis in pregnancy is: Hepatitis E
1326.Most common hepatitis in Pregnancy: Hepatitis A
1327.**Councilman bodies** are seen in acute viral hepatitis.
1328.Detective hepatitis is Hepatitis D
1329.Most common cause of HCC is: Hepatitis-B
1330.The chronicity rate of Hepatitis: HCV > HBV > HAV
1331.The most common hepatitis which spreads via blood transfusion is: HCV > HBV
1332.HBV is the most common type of hepatitis transmitted from mother to the baby.
1333.The marker of Hepatitis B infection in the window period is: Anti-Hbc anti-body
1334.HBsAg first viral marker to appear in in blood, significant → Active HBV infection
1335.HbeAg second viral marker to appear in blood, significant →Active viral replication of HBV
1336.Anti-HBc Anti-body will show: Previous infection
1337.Anti HBe Antibody will show: Diminished viral replication
1338.Investigation of choice for Hepatitis B virus (HBV) infection: HBV DNA PCR
1339.Investigation of choice for Hepatitis C virus (HCV) infection: HCV RNA PCR
1340.Breath of the dead is feature (Fetor heaticus) of: Cirrhosis
1341.Most common cause of cirrhosis in Pakistan is: HCV
1342.Most common cause of cirrhosis in western countries is: Alcohol
1343.Edema in liver cirrhosis is due to: Portal hypertension
1344.**Caput medusa'** is associated with Cirrhosis of the liver
1345.Hepatocellular Ca is associated with liver cirrhosis.
1346.**Mallory bodies** are composed of intermediate filaments.
1347.In Alcoholic liver disease, which of the following pigments is deposited in the hepatocytes is hemosiderin.
1348.The sign of reversible injury in a case of alcoholic liver disease is: Cytoplasmic vacuole.
1349.Fatty liver is seen in: Alcoholic liver disease
1350.AST: ALT (2:1) is seen in: Alcoholic hepatitis
1351.Dupuytren's contracture is the feature of: Alcoholic liver cirrhosis
1352.**"Kayser-Fleischer ring"** is seen in: Wilson's disease.
1353.Hemochromatosis is a defect in metabolism of Iron.
1354.Gene for Wilson's disease is located on: Chromosome 13.
1355.Wilson's disease is characterized by: Increased copper in liver.
1356.Type of inheritance in Wilson's disease is: Autosomal recessive.
1357.Investigation of choice for Wilson's disease is: Genetic analysis
1358.Screening test for Wilson's disease is decrease/normal s/copper, decrease s/Ceruloplasmin and 24 hr urinary copper secretion is >100ugm/24hour (normal: <40ugm/24hour)
1359.Chromosomal defect in Primary hemochromatosis is: Chromosome-6 (Hepcidin defect)
1360.Primary hemochromatosis also known as: Hereditary hemochromatosis
1361.Most common gene responsible for hereditary hemochromatosis is: HFE gene.
1362.Investigation of choice for hemochromatosis is: Genetic analysis
1363.Screening test for hemochromatosis is iron studies: ↑ S/iron, ↑ S/ferritin and ↓ TIBC
1364.Treatment for hemochromatosis is venesection (phlebotomy)
1365.**Homocysteinurea:** Beta cystathionine synthase
1366.**Hypertriglyceridemia:** Lipoprotein lipase deficiency
1367.**Down syndrome:** rebertsonian translocation
1368.Highest cholesterol content: LDL.
1369.Richest in triglycerides: Chylomicron.
1370.Highest protein content: HDL.
1371.End product of purine metabolism is: uric acid
1372.Urea cycle enzyme deficiency: Glutamine will increase
1373.Bloating with milk: lactase deficiency
1374.Exercise will reduce: VLDL
1375.The only metabolic fuel for mature erythrocytes in fed state and starving state is Glucose
1376.Essential fatty acids: linolic acid & linolinec acid.
1377.**Kwashiorkor:** Protein malnutrition result from protein deficient "MEAL" (M-malnutrition, E-Edema, A-Anemia, L-liver fatty)
1378.**Marasmus:** Muscle wasting.
1379.Most common cause of fatty liver in our population: protein malnutrition
1380.VLDL in Diabetes Mellitus

1381.Glycosaminoglycans (GAG) - which is an anticoagulant: Heparin
1382.Most abundant Glucose transporter in RBC: GLUT-1
1383.Major glucose transporter of Brain: GLUT-1
1384.Major glucose transporter of neurons: GLUT-3
1385.Widely distributed Glucose transporter: GLUT-1
1386.Glucose transporter in myocyte stimulated by insulin is: GLUT 4
1387.Glucose transporters which are insulin-responsive, are: GLUT 4, GLUT 8 and GLUT 12
1388.The deposition results in cataract: Sugar alcohol.
1389.Site of glycolysis is: Cytoplasm
1390.End products that inhibit Pyruvate Dehydrogenase (PDH) Complex are: Acetyl CoA and NADH
1391.**Von Gierke's disease enzyme deficient is:** Glucose 6-phosphatase
1392.**Von Gierke's disease:** Glycogen accumulation in liver and renal tubule cells (Kidney Enlarged) hypoglycemia; elevated blood lactate, cholesterol, triglyceride, and uric acid levels
1393.Main source of NADPH is: HMP (Pentose Phosphate) Pathway
1394.Common enzyme for gluconeogenesis and glycolysis is: Glyceraldehyde 3 Phosphate dehydrogenase
1395.**Cardio protective fatty acid:** Omega-3 fatty acid.
1396.**Omega-3 fatty acid:** Decrease the risk of Cardiovascular Disease
1397.A child presents with hepatosplenomegaly and pancytopenia. Bone marrow shows 'crumbled tissue paper appearance'. It is due to accumulation of: Glucocerebroside
1398.Bloating, cramps, flatulence, osmotic diarrhea is the features of Lactase deficiency
1399.Flapping tremor (asterixis), slurring of speech, somnolence, vomiting, cerebral edema, blurring of vision is the features of Hyperammonemia
1400.Most common urea cycle defect: Ornithine trans carbamoylase
1401.Urea cycle enzyme deficient in brain: Ornithine trans carbamoylase
1402.Rejection occurs within minutes of transplantation is called: Hyperacute rejection
1403.**Albinism disease:** Tyrosinase
1404.Enzyme of HMP shunt for hemolysis is: Glutamate oxidase
1405.Main regulator enzyme for Krebs cycle is: Alpha ketoglutrate
1406.During fasting blood glucose level is main by: Glycogenolysis
1407.Alkaptonuria, enzyme deficiency: Homogentisate oxidase
1408.Decrease Reabsorption of tryptophan causes: Hartnup syndrome
1409.Diarrhea, dementia, dermatitis and death as the features of: Hartnup syndrome
1410.Beneficial Effect of vitamin-D is protective against the cancer of Prostate, Colorectal cancer, Prediabetes, and metabolic Syndrome
1411.**Thiamin (vitamin B1):** causes wet and dry beriberi: Thiamin (B1)
1412.In **adult lactic acidosis** is due to vitamin-B1 (thiamine) deficiency.
1413.In **child lactic acidosis** is due to dehydrogenase deficiency.
1414.**Wernicke encephalopathy** is an acute, reversible condition caused by severe thiamine (Vitamin B1) deficiency, often due to chronic heavy alcohol use.
1415.**Features of Wernke's encephalopathy:** Ataxia, nystagmus and ophthalmoplegia.
1416.Diagnostic test for vitamin-B1 deficiency is decrease: Transketolase activity in RBCs
1417.Case scenario of chronic alcoholic patient: thiamine deficiency
1418.'First clinical sign' of Vitamin-A deficiency: Conjunctival xerosis
1419.'First clinical symptom' of Vitamin-A deficiency: Night blindness
1420.Most common cause of preventable blindness: Vitamin-A deficiency
1421.**Most earliest symptom of Vitamin-A deficiency:** Night blindness or Nyctalopia
1422.Vitamin-A Deficiency → Nyctalopia → Impairment to adapt in dim light
1423.Serum retinol (Vitamin-A) level: Normal range is 28–86 μg/dL (1–3 μmol/L).
1424.Serum retinol level decreases in: Vitamin A deficiency.
1425.Albumin levels are indirect measures of: Vitamin A levels.
1426.Diphyllobothrium latum causes: Vitamin B12 Deficiency
1427.Infant umbilical bleeding: Vitamin K deficiency
1428.**Antioxidants** vitamins is: Vitamin A, C and E
1429.**Most strong antioxidant**: **Glutathione** > Transferrin > Vitamin-E > Vitamin-C.
1430.Vitamin-E is carried to liver in: Chylomicron
1431.Alcoholic with neurological problems: Vitamin B12
1432.Isoniazid therapy is most common cause of pyridoxine (vitamin B6) deficiency
1433.Vitamin B2 (Thiamine) deficiency: 2'Cs (Cheilosis, Corneal vascularization)
1434.Vitamin B3 (Niacin) deficiency: Pellagra (3'Ds = diarrhea, dementia, dermatitis)

1435.Vitamin-K (antiKagulant): gamma carboxylation of factors (27910 Factors).
1436.Source of folic acid is: Green leafy vegetables
1437.Folic acid can be stored in liver for up to: 3 months
1438.Homocysteinemia cause by deficiency of vitamin: B6, vitamin B12 and folic acid
1439.Decrease intake of vitamin-B3 (niacin) can lead to: Pellagra (diarrhea, dementia, dermatitis)
1440.Neural tube defect such as spina bifida occulta is due to deficiency of: Folic acid
1441.Half-life of vitamin B12 is: 6 days
1442.Vitamin B12 is stored in the liver for upto: 400 days
1443.Vitamin B12 absorbed in: Terminal ileum
1444.Vitamin B12 deficiency is seen in: Pure vegetarian
1445.Lactic acidosis in thiamine deficiency is due to which enzyme dysfunction: Pyruvate Dehydrogenase
1446.Diphyllobothrium latum (Tap-worm) and Gastroectomy causes: vitamin B12 deficiency
1447.Deficiency of **Vitamin A** (Retinol, Retinoid, Carotenoid): Night blindness, Xerophthalmia, Bitot spots
1448.Deficiency of **Vitamin B1** (Thiamine): Beri-beri (wet & dry), Wernickes Korasoff Psychosis
1449.Deficiency of **Vitamin B2** (Riboflavin): Cheilosis, Corneal vascularization
1450.Deficiency of **Vitamin B3** (Niacin, Niacinamide): Glossitis, Pellagra (3D's)
1451.Deficiency of **Vitamin B5** (Pantothenic Acid): Burning feet Syndrome, Paresthesia & Dermatitis
1452.Deficiency of **Vitamin B6** (Pyridoxine, Pyridoxamine, Pyridoxal):sideroblastic anemia's, peripheral neuropathy, Convulsions
1453.Deficiency of **Vitamin B7** (Biotin): Dermatitis, Enteritis
1454.Deficiency of **Vitamin B9** (Folic Acid, Folinic Acid): Megaloblastic Anemia, Neural tube defects
1455.Deficiency of **Vitamin B12** (Cyanocobalamin, Hydroxycobalamin, Methylcobalamin): Megaloblastic Anemia
1456.glossitis
1457.Deficiency of **Vitamin C** (Ascorbic Acid): Scurvy, Poor wound healing
1458.Deficiency of **Vitamin D** {Ergocalciferol (D2), Cholecalciferol (D3)}: Rickets in children's, Osteomalacia in adults, Hypocalcemic Tetany
1459.Deficiency of **Vitamin E** (Tocopherol, Tocotrienol): Hemolytic anemia, Acanthocytosis, muscle weakness
1460.Deficiency of **Vitamin K** (Phytomenadione, Phylloquinone, Phytonadione, Menaquinone): Hemorrhagic disease of new born (Neonatal hemorrhage)
1461.Rate limiting enzyme of GLYCOLYSIS: Phosphofructokinase 1
1462.Rate limiting enzyme of GLYCOGEN SYNTHESIS: Glycogen Synthetase
1463.Rate limiting enzyme of GLYCOGENOLYSIS: Glycogen phosphorylase
1464.Rate limiting enzyme of GLUCONEOGENESIS: Fuctose-1,6-bisphosphatase
1465.Rate limiting enzyme of TCA cycle: Isocitrate dehydrogenase
1466.Rate limiting enzyme of CHOLESTEROL SYNTHESIS: HMG CoA reductase
1467.Rate limiting enzyme of KETONE BODY SYNTHESIS: HMG CoA Synthetase
1468.Rate limiting enzyme of UREA SYNTHESIS: Carbamoyl transferase (ornithine transcarbamoylase)
1469.Rate limiting enzyme of FATTY ACID SYNTHESIS: Acetyl CoA carboxylase
1470.Rate limiting enzyme of Fatty Acid Oxidation: Carnitine acyltransferase I
1471.Rate limiting enzyme of BILE ACID SYNTHESIS: 7 alpha hydroxylase
1472.Rate limiting enzyme of CATECHOLAMINE SYNTHESIS: Tyrosine hydroxylase
1473.Rate limiting enzyme of HMP SHUNT: Glucose-6-Phosphate Dehydrogenase (G6PD)
1474.Rate limiting enzyme of De Novo Purine Synthesis: Glutamine-PRPP amidotransferase
1475.Rate limiting enzyme of De Novo Pyrimidine: Carbamoyl Phosphate Synthetase II
1476.Rate limiting enzyme of HEME Synthesis: ALA synthase
1477.Mesothelioma is associated with: Asbestos.
1478.**Earliest side-effects of aspirin over-dose**: Vomiting
1479.Depolarization of cell is maintained by: Na influx
1480.Hyperpolarization in action potential increase of: K (potassium)
1481.Typhoid fever of 06 days, investigation is of first choice: Blood culture
1482.Patient with bone pain, normal Ca, increase alkaline phosphatase. Most likely: Pagets disease
1483.Genotype of Turner syndrome: XO
1484.Muscle of quiet inspiration: Diaphragm
1485.**Fetal period** starts after which week: 8th
1486.Vertebrae is derived from: Sclerotome
1487.Nucleus pulposus is derived from: Notochord
1488.Antibodies are produced by: Plasma cells
1489.Pulmonary Artery pressure increases in: Hypoxia
1490.SA Node: automatically generates impulses, creating rhythmic heartbeat
1491.Inferior wall Myocardial Infraction, which artery should be blocked: Right marginal artery

1492.Patient with increased bleeding time, cause: Von Willebrand's disease
1493.Bitemporal vision loss due to compression of optic chiasma, most commonly caused by: Pituitary tumor
1494.Prenatal chromosomal abnormality can be detected at: 14-18 weeks
1495.Blood brain barrier is formed by: Capillary endothelium
1496.Transitional epithelium of bladder derived from: endoderm
1497.Terminal bronchiole epithelium is: Columnar without goblet cells
1498.Assessment of muscle injury by: CKMM
1499.Liver attached to ventral wall by which ligament: Falciform ligament
1500.**Liver regenerate by which process: Hyperplasia**
1501.Prolong use of corticosteroids causes: Osteoporosis leading to fracture
1502.**Treatment of amebic liver disease: tinidazole/Mebendazole**
1503.**DOC for grave disease in pregnancy: Propylthiouracil**
1504.Sensory spinal ganglia have which neurons: pseudounipolar
1505.Soldier coming from high altitude, cyanosed toes: secondary polycythemia
1506.Tumor suppressor gene: P53
1507.**HCG main function**: Maintains corpus luteum
1508.well differentiated squamous cell carcinoma, his to pathologically: Pleomorphism
1509.Thoracic duct open into: Left side Junction of internal jugular and subclavian
1510.Tall girl well developed breast, with primary amenorrhea blind vagina, scanty pubic hair, uterus absent whats karyotyping: 46XY
1511.Class 3 antiarrhythmic: Amiodarone
1512.**Barrel Shape chest**: Emphysema
1513.Hypersensitivity reaction (HSR) seen in **SLE**: Type III HSR
1514.Hypersensitivity reaction (HSR) seen in **lupus nephritis**: Type III HSR
1515.Hypersensitivity reaction (HSR) seen in **cytopenia in SLE**: Type II HSR
1516.**Characteristic skin rash in SLE**: Malar rash (Butterfly rash), Discoid lesions, Photosensitive rash
1517.**Malar rash IN SLE**: Raised or flat erythematous **BUTTERFLY RASH** on cheeks/nose and spares nasolabial fold
1518.**Discoid lesions in SLE**: Erythematous raised plaques with keratotic scale and follicular plugging
1519.**Most sensitive antibody for SLE**: Anti-nuclear antibodies (ANAs) ~ 98% sensitivity for SLE
1520.**Most specific antibody for SLE**: Anti-double standard DNA antibodies (Positive in 60 – 70% of patients)
1521.**Most specific antibody for SLE**: Anti-Smith antibodies (Positive in < 30% of patients)
1522.Antibodies involve in **Drug-induced lupus erythematosus**: Antihistone antibodies
1523.**Libman-Sacks endocarditis (LSE)** is non-infectious endocarditis seen in SLE
1524.Autoimmune disorder of the neuromuscular junction (NMJ): Myasthenia Gravis
1525.Autoantibodies directed against postsynaptic acetylcholine receptors (AchR): Myasthenia Gravis
1526.**Myasthenia Gravis is associated with:** thymoma (Most common primary tumor in the anterior mediastinum) in 10–15% of patients and thymic hyperplasia in 65% of patients.
1527.**Hypersensitivity reaction (HSR)** seen in myasthenia gravis: Type II HSR
1528.**Most specific initial test for Myasthenia Gravis:** AChR antibody test.
1529.**Investigation of choice** for myasthenia gravis: Electromyography (EMG)
1530.**Drug of choice** for myasthenia gravis: Pyridostigmine (cholinesterase inhibitor)
1531.Infectious mononucleosis spreads via bodily: secretions, (especially saliva. So, it is also called kissing disease).
1532.**Most specific test for Infectious mononucleosis: Monospot test** → Detects **heterophile antibodies**
1533.Patient presented with fever, sore throat (Pharyngitis or tonsillitis), **cervical lymphadenopathy** (Bilateral), and Peripheral smears shows lymphocytosis with > 10% **atypical lymphocytes**. What is the most likely diagnosis: **Infectious Mononucleosis**
1534.Tuberculosis (TB) is caused by: **Mycobacterium tuberculosis** (Acid fast bacilli)
1535.**Mode of transmission of TB:** spread via aerosol droplet nuclei via sneezing or coughing.
1536.Tuberculosis (TB) most commonly effects which organ: Lungs
1537.**Rapid detection but low sensitivity: Acid-fast bacilli (AFB) smear microscopy** (Ziehl Neelsen stain or auramine rhodamine stain)
1538.**Rapid diagnostic test with high specificity and sensitivity:** Nucleic acid amplification test (NAAT/PCR)
1539.**Rapid confirmatory diagnostic test (gold standard):** Mycobacterial sputum culture
1540.Hypersensitivity type in tuberculin skin test (Mantoux test): Delayed Type IV T cell mediated

1541.Hypersensitivity reaction (HSR) seen in **tuberculin reaction**: Type IV HSR
1542.**Mantoux test:** 0.1 mL of purified protein derivative (PPD) containing 5 tuberculin units is injected intradermally the volar surface of the forearm → the transverse width in millimeters of induration at the skin test site is measured after 48–72 hours.
1543.Microscopic feature of TB: Caseous necrosis
1544.Caseous Granuloma is seen in: Tuberculosis
1545.Diagnostic of granuloma in tuberculosis: Epetheloid cells
1546.**Histological feature:** Epitheloid cells with Caseating granuloma
1547.**Chest x-ray (CXR) features of TB:** Consolidation, Hilar lymphadenopathy (U/L), Ghon complex, Pleural effusion, and Cavitation (rare)
1548.Investigation of choice for dengue: PCR NS-1
1549.Maximum blood flow per minute by which organ: Liver
1550.Least blood flow per minute by which organ: Heart
1551.Maximum blood flow per 100 gram of tissue: Kidney
1552.Which organ has Maximum O2 consumption: Liver
1553.Maximum O2 consumption per 100 gram of tissue: Heart
1554.Least O2 consumption: Skin
1555.Compensation of shock what will decrease: Urine output
1556.X-rays show osteopenia and “Looser zones” (Pseudofractures) in: Osteomalacia
1557.X-rays show epiphyseal widening and metaphyseal cupping/fraying in: Rickets
1558.Pathologic **bow legs, bead-like rachitic rosary** (costochondral junctions) craniotabes (soft skull) in children seen in: **Rickets**
1559.Supraspinatous, infraspinatous, Teres minor, subscapularis are: Rotator cuff muscles
1560.
1561.Serratus anterior is supplied by which nerve and what is its root value: Long thoracic nerve and C5, C6, C7
1562.Nerve injured in fracture of neck of fibula: Common peroneal nerve
1563.Fall on outstretched hand causes fracture of: **Scaphoid bone**
1564.Root value injury to C5-C6 will result/cause: Erb Duchene palsy
1565.Person can't jump climb stairs or can't rise from seated position due to injury: Inferior gluteal nerve (L5-S2)
1566.Nerve injured in **anterior dislocation of shoulder joint**: Axillary nerve
1567.Nerve is **closely related shoulder joint capsule**: Axillary nerve
1568.**Wrist drop** is caused by injury to: **Radial nerve**
1569.**Claw hand** is caused by injury to: **Ulnar nerve**
1570.**Ape hand** is caused by injury to: **Median nerve**
1571.**Painter index point** is caused by injury to: Median nerve
1572.**Saturday night palsy** is caused by which nerve injury: **Radial nerve**
1573.Damage to **scaphoid bone** causes injury to: **Radial Artery**
1574.Nerve compressed with **carpal tunnel syndrome**: Median Nerve
1575.Nerve affected by **cubital tunnel syndrome**: Ulnar Nerve
1576.Cavernous sinus infection nerve involve: Superior ophthalmic vein
1577.Name of **fracture of distal radius** that produces **“dinner fork” appearance**: Colle's fracture
1578.Wasting of thenar eminence, loss of sensation over thumb and index finger, nerve involved is: **Median nerve**
1579.Most commonly herniated intervertebral disc: L4-L5 intervertebral disc
1580.Most common nerve compressed with herniated intervertebral disc: L5 intervertebral disc
1581.Major artery to **head of femur** in adult: Medial femoral circumflex
1582.Nerve affected with fracture of **head and neck of fibula**: Common fibular nerve
1583.Nerve affected with **tarsal tunnel syndrome**: Tibial Nerve
1584.Aphasia (non-fluent) after stroke or trauma which area of brain is involved: Broca’s area
1585.Patient is unable to open mouth, muscle involved: Lateral pterygoid.
1586.Patient is unable to closes mouth, muscle involved: Medial pterygoid.
1587.Lock jaw/trismus, muscle involved: Lateral pterygoid.
1588.Muscle of mastication: Masseter
1589.Patient cannot chew, muscle involved: Masseter, Lateral pterygoid.
1590.Muscle of facial expression: Buccinator
1591.Patient is unable to close lips, muscle involved: Orbicularis oris
1592.**White muscle** refers as: Gastrocnemius.
1593.Muscle of forceful expiration: Internal intercostal (Rectus abdominus)
1594.Muscle of inspiration: External intercostal
1595.Muscle that prevents pelvis from tilting when walking: Gluteus medius muscle
1596.Muscle that extends leg: Quadriceps femoris
1597.Muscle that **unlocks knee joint**: Popliteus muscle
1598.Muscle that **locks knee joint**:

1599.Muscle affected with “foot slap”: Tibialis anterior
1600.Chief invertors of foot: Tibialis anterior and tibialis posterior muscle
1601.Chief evertors of foot: Fibularis longus and fibularis brevis muscle
1602.Artery damaged in fracture of **surgical neck of humerus**: posterior circumflex humeral
1603.Which ligament supports odontoid process of axis on atlas: Transverse ligament
1604.Main support of the uterus is: Transverse ligament
1605.First bone to ossify intrauterine life: Clavicle
1606.Most common fractured bone: Clavicle
1607.Most common long bone fracture in the body: Clavicle
1608.Most common site of clavicle bone fracture: junction of medial 2/3 and lateral 1/3 (Midshaft)
1609.Most common site of rib fracture: Angle of rib
1610.Complication of head of femur fracture: Avascular necrosis
1611.Avascular necrosis of head of femur is due to damage to: Medial circumflex artery
1612.Most common type of hernia: Indirect inguinal
1613.Structure that forms deep inguinal ring: Trasnversalis fasica
1614.Structure that form floor of inguinal canal: Inguinal ligament
1615.Vena caval (tendinous) opening is present at vertebral level: T8 (lower border)
1616.Oesophageal (muscular) opening is present at vertebral level: T10 (body)
1617.Aortic (osseoaponeurotic) opening is present at vertebral level: T12 (lower border)
1618.Structures passing through Vena caval (tendinous) opening: IVC and Branches of right phrenic nerve
1619.Structures passing through Oesophageal (muscular) opening: Oesophagus, Right and left vagal trunk and Oesophageal branches of left gastric artery
1620.Structures passing through Aortic: (osseoaponeurotic) opening: Aorta, Azygous vein (sometimes) and Thoracic duct
1621.Ligament that checks backward displacement of femur on tibia: Anterior cruciate ligament
1622.Most commonly injured **ankle ligament**: Anterior talofibular ligament
1623.Most common type of elbow dislocation is: Posterior
1624.Most common primary for bone metastases: Breast >Prostate
1625.The most common cause of osteomyelitis are: Staphylococci
1626.Most common malignant bone tumor: Metastases > Multiple myeloma > Osteosarcoma
1627.Commonest benign bone tumour is: Osteochondroma
1628.“Soap bubble” appearance on x-ray: Giant cell tumor
1629.**Sun-ray appearance** is on x-ray is seen in: osteosarcoma
1630.Onion skin appearance in bone: Ewing sarcoma
1631.Most common site of osteosarcoma is: Lower end of femur
1632.Renal osteodystrophy, skeletal abnormality is seen in: Hyperphosphatemia
1633.Most common glial cell type in CNS is: Astrocyte
1634.Astrocyte is derived from: Neuroectoderm
1635.Cells involved in repair of neurons after injury: Astrocytes
1636.Most abundant glial cells are: Astrocytes
1637.Most abundant glial cells in gray matter are: Protoplasmic astrocytes
1638.Phagocytic scavenger cells of CNS is: Microglia
1639.Microglia is originated from: Mesoderm
1640.Cells which is injured in Guillain-Barré syndrome: Schwann cells
1641.Myelinates axons of neurons in CNS is: Oligodendrocytes
1642.Oligodendrocytes are involved in: Myelin formation (Myelination)
1643.Oligodendrocytes is derived from: Neuroectoderm
1644.Cells which is injured in multiple sclerosis: Oligodendrocytes
1645.Which cells in CNS hinders brain regeneration: Oligodendrocytes
1646.Warmth sensation is carried by: Free nerve endings
1647.Receptors for flexor(withdrawl) reflex: Free nerve endings
1648.Free nerve endings sense: Pain and temperature
1649.Receptor type present in Glabrous (hairless) skin: Meissner corpuscles
1650.Dynamic, fine/light touch, position sense is sense by which Sensory Receptors: Meissner corpuscles
1651.Tactile two point discrimination is carried by: Meissner corpuscles
1652.Vibration and pressure sense by which Sensory Receptors: Pacinian corpuscles
1653.Steady pressure is detected by: Ruffini corpuscles
1654.Tuning fork is placed on head sensation is perceived by: Pacinian corpuscles
1655.Fast pain is carried by: A delta
1656.Slow pain fibers is carried by: C fiber
1657.Pain from tips and lips is carried by: A delta
1658.General sensation from tips and lips is carried by: A beta
1659.Main excitatory neurotransmitter in CNS is: Glutamate

1660.Vomiting center which receives information from the chemoreceptor trigger zone (CTZ) located within 4 ventricle called: Area postrema
1661.Chorea is characteristic of: Basal ganglia
1662.**Coarse tremors** or intention tremors are seen in lesion with: Cerebellum
1663.**Resting tremors** lesion in: Substantia nigra
1664.**Resting tremors** is seen in: Parkinson’s disease
1665.Ophthalmoplegia, ophthalmic and maxillary sensory loss is the features of: Cavernous sinus syndrome
1666.Nerve passes through cavernous sinus : Abducens nerve (CN6)
1667.Essential tremors are treated by: Propranolol (B-blockers)
1668.Haloperidol induce tremors should be treated with: Procyclidine (Anticholinergic)
1669.Corneal reflex center: Pons
1670.Pupillary light reflex center: midbrain
1671.Accommodation center: Cerebral cortex
1672.Loss of accommodation where is the lesion: Cerebral cortex
1673.Non-fluent aphasia with intact comprehension lesion in: Broca’s area
1674.Which connects broca’s with Wernickes areas: Arcuate fasciculus
1675.Memory centre is located in: Temporal lobe
1676.Long term memories are stored in: Hippocampus
1677.Short term memories are stored in: Prefrontal cortex
1678.**Broca’s area** is present in: inferior frontal gyrus
1679.**Wernicke’s area** is present in: superior temporal gyrus
1680.Drugs which is strongly associated with the development of neural tube defects: carbamazepine and valproic acid
1681.**Shivering center** is located in: Posterior hypothalamus
1682.Drooping of right corner of mouth, Flattening of skin Fold and inability to close eye or wrinkle forehead, There is no loss of taste, is due to : right facial nerve palsy
1683.Hydrocephalus Most commonly due to obstruction of: Aqueduct of Sylvius
1684.Aqueduct of Sylvius is present in mesencephalon.
1685.Cerebrum and cerebellum are separated by: Tentorium cerebella
1686.Permanent dilation of tracheobronchial tree before terminal bronchioles is: Bronchiectasis
1687.Permanent dilation of tracheobronchial tree beyond terminal bronchioles is: Emphysema
1688.Chemical which is used to decrease surface-tension: Surfactant
1689.Surfactant production is start in fetus at: 24th week of gestation
1690.In amniotic fluid Lecithinsphingomyelin (L:S) ratio for maturation of lung is: >2:1 (mature lung)
1691.Hypercoagubility, stasis and endothelial injury is: Virchow's triad seen in Embolism
1692.Barrel shape chest seen in: Emphysema
1693.Lung carcinoma associated with smoking: Squamous cell carcinoma
1694.Lung carcinoma associated with non-smoking: adenocarcinoma
1695.Psammoma bodies seen in which lung disease: Mesothelioma
1696.Most aggressive lung carcinoma: Small cell lung carcinoma
1697.Egg cell calcification of hilar lymph nodes: Silicosis
1698.Wrist drop may be caused as industrial hazard in: Battery industry
1699.Monday fever associated with: Byssinosis.
1700.Best method for prevention of infection by medical professional in a hospital setup: Hand washing
1701.**Silicosis:** Inhalation of silica particles (fine free crystalline silicon dioxide dust)
1702.Profession at Risk in silicosis: Pottery industries, Ceramics industries, Stone Quarrying, Sand blasting, Metal mining, steel, glass and gas industries manufacturing of silica blocks
1703.Chest x-ray finding of silicosis: upper + mid zone fibrosis and eggshell calcification of hilar L.N, snow storm appearance
1704.Investigation of choice for **Silicosis**: HRCT chest
1705.**Asbestosis:** inhalation of asbestos particles (white asbestos and blue asbestos)
1706.Profession at Risk in asbestosis: Building industry, electrical wire insulating PIPINGS, fire- proofing, ship breaking industries*(demolition & shipyard workers), brick lining, manufacturing asbestos cement
1707.Chest x-ray finding of Asbestosis: Mid + lower zone fibrosis + pleural plaque & Calcification, ground glass appearance in lower 2/3 of lung field
1708.Investigation of choice for **Asbestosis**: HRCT chest
1709.**Byssinosis is caused by:** Cotton fiber dust
1710.**Bagassosis** is caused by: sugarcane dust or fiber
1711.**Farmer’s lung** is caused by: moldy hay or grain dust (fungal spore)
1712.**Berylliosis** is caused by: Beryllium
1713.Coal worker’s pneumoconiosis (Anthracosis) is common in Coal worker
1714.**Caseating granuloma** is seen in: Tuberculosis, leprosy and syphilis
1715.**Non-caseating granuloma** is seen in: Sarcoidosis, silicosis and Crohn’s disease
1716.**Ground glass appearance** on CXR is seen in: Asbestosis

1717.**Egg shell calcification** of hilar L.N, snow storm appearance on CXR is seen in: Silicosis
1718.Investigation of choice of sarcoidosis is: Transbronchial biopsy of hilar lymph-nodes
1719.Small cell lung carcinoma is: Bronchogenic carcinoma
1720.Small round lymphocyte like (oat cells) with central nucleus is seen in small cell CA of lung
1721.**Honey-combing** and tam line appearance on CXR is seen in: bronchiectasis
1722.Bleeding from nostrils, mouth and ears is relatively common in strangulation
1723.Most common mode of death in strangulation is Asphyxia.
1724.**Exhumation** is usually done in the early morning
1725.**Magnus** symptoms (Jactile Halucination/Cocain bugs) are seen in Cocainism
1726.Phossy Jaw is the hallmark feature of Chronic phosphorus poisoning
1727.Garlic breath/Garlic odour stool is the feature of chronic phosphorus poisoning
1728.**Run amok phenomenon** – Chronic Cannabis indica poisoning
1729.Snake venom of Elapids (cobra, kraits, corals): Neurotoxic
1730.Snake venom of Vipers (pit, non-pit): Vasculotoxic/Heamatotoxic
1731.Snake venom of Sea-Snake – Musculotoxic
1732.**Antidote for snake venom:** Polyvalent 60mg/60ml (snake anti-venom)
1733.Rout of administration of Snake venom of snake anti-venom vaccine is: IM, IV and subcutaneous
1734.**Livor-Mortis:** Pooling of blood
1735.Livor-Mortis also called as: Hypostasis or post-Martem lividity
1736.**Rigor-Mortis:** Softening, shorting & pacification of muscle after period of primary relaxation
1737.Boxer attitude is seen in: burn-heat-coagulation
1738.**Algar mortis:** Cooling of dead body
1739.**Putrification:** process of decomposition of dead body due to dissolution & disintegration of body tissue
1740.**Putrefaction** is the surest sign of death. The earliest sign is manifested as greenish discoloration in the right ileac fossa.
1741.**Basophilic stripling** on peripheral smear – chronic lead poisoning
1742.Blunt trauma more likely to produce incised like wounds– Scalp
1743.Fabricated wounds are mostly– Incised wounds
1744.**Diastatic fracture** refers to fracture through: Sutural line
1745.**Whiplash injury** is which form of injury: Hyperextension
1746.Bruise is easily formed on: Abdominal wall
1747.**The fine froth at the mouth and nose** is pathognomic of drowning
1748.**Cutis anserina or goose skin** has no value as a diagnostic sign of death from drowning
1749.**Red velvety appearance of stomach mucosa** is typically seen in: Arsenic poisoning
1750.**Mee's lines** - White bands on the nails of the fingers seen in Arsenic poisoning
1751.**Pin point pupils** are seen in: Carbolic acid poisoning, Opium, Organophosphate poisoning and Pontine haemorrhage
1752.**Brush burn (or Graze abrasion)** is caused by the frictional force of rubbing skin against rough surface.
1753.Brush burn (or Graze abrasion) is resembles a: Burn.
1754.Graze also known as: Sliding, scraping or grinding abrasion
1755.Garlic odour is seen in → Arsenic poisoning
1756.Fruity odour is seen in → Ethyl alcohol
1757.Kerosene like odour is seen in → Kerosene, organophosphates
1758.Phenolic odour is seen in → Carbolic acid
1759.Burnt rope is seen in → Cannabis
1760.Bitter almonds is seen in → Cyanide
1761.Fishy odour is seen in → Zinc phosphide
1762.**Du-dum bullet** is a jacketed bullet whose nose it cut off to expose the core.
1763.Hyoid fracture is common in: Throttling
1764.**Blue colour of the bruise is due to:** Deoxyhemoglobin
1765.**Red colour of the bruise is due to:** Hemoglobin
1766.**Dark blue/brown colour of the bruise is due to:** Hemosiderin
1767.**Yellow colour of the bruise is due to:** Bilirubin
1768.**Colour of the bruise Is Returns to normal:** 14-15 days
1769.**Dribbling of saliva is seen in a case of:** Hanging
1770.**Thoracic lymph contains:** Clotting factors
1771.**Vitamin-K dependent clotting factor:** 2, 7, 9 and 10 (remember as $1_0$972 ‘1972’ add 0 with 1 in exam)
1772.**Most common site of BPH:** Transitional (periurethral lobe) zone
1773.Most common type of **Prostatic carcinoma**: Adenocarcinoma > TCC
1774.Most common site of **Prostatic carcinoma**: Peripheral zone (75%) > Transition zone (15%), Central zone (10%).
1775.Screening of prostate CA: DRE+ PSA
1776.**Roth's spot** are seen in infective endocarditis
1777.**Koplik's spot** is the characteristic feature of measles
1778.Negri bodies are most often found in: Hippocampus

1779.Negri bodies are associated with: Rabies virus

1780.Young couple comes to you for counciling best suggestion is: Karyotyping

1781.Donor graft rejection: cytotoxic T cell

1782.Liver abscess (space occupying lesion) caused by: E-histolytica

1783.Biliary tract-cholangiocarcinoma is caused by: Clonorchis sinensis

1784.Syphilis: Painless chancres.

1785.Cancroid: Painful chancres.

1786.Gonorrhea: Green, creamy discharges and painful urination.

1787.Chlamydia: milky discharge and painful urination.

1788.Candidiasis: white cheesy odorless vaginal discharges.

1789.Trichomoniasis: yellow, itchy, frothy, and foul smelling vaginal discharges.

1790.Rusty color sputum: strep Pneumonia

1791.**Pneumonia + green sputum is due to:** Pseudomonas

1792.Greenish color discharge due to: Pseudomonas

1793.Pneumonia + Foul smell sputum is due to: Anerobic

1794.Pneumonia + chocolate color sputum is due to: Klebsiella

1795.Pernicious anemia: **Red beefy tongue**

1796.Kawasaki disease: **Strawberry tongue**

1797.Isthmus of thyroid lies anterior to the: Trachea

1798.Cushing’s syndrome: moon face appearance and buffalo hump

1799.Raccoon eyes (periorbital ecchymosis): Basilar Skull Fracture

1800.Example of **Type-2 of Hypersensitivity reaction (HSR)**: Hydrops fetalis/auto-immune hemolytic anemia, myasthenia gravis, transfusion reaction, Goodpasture syndrome, rheumatic fever

1801.Example of **Type-3 of HSR**: serum sickness, PSGN, SLE, Arthus reaction & lupus nephritis:

1802.Example of **Type-4 of HSR**: Tuberculin skin test, Contact dermatitis, Sarcoidosis, Hashimoto thyroiditis, Multiple sclerosis, Rheumatoid arthritis

1803.Example of type-1 HSR: Anaphylaxis/allergy, eczema, urticaria, atopy and asthma: **Type-1 HSR**

1804.Type IV hypersensitivity reactions are referred to as delayed and cell-mediated.

1805.Granulomatous reaction is an example of Type-4 hypersentivity reaction

1806.Immune complex mediated reaction is Type-3 hypersentivity reaction

1807.**Most common site of Pressure ulcer (Bed sores):** Ischium > Greater trochanter > Sacrum > Heel > Malleolus > Occiput

1808.**Blood-stained nipple discharge** is seen in**: Duct papilloma (MC)**, Intraductal carcinoma, Duct ectasia

1809.**Serous nipple discharge is seen in:** Fibrocystic disease, Duct ectasia, Carcinoma

1810.**Black, green, paste like or grumous nipple discharge is seen in: Duct ectasia**

1811.Most common cause of **Blood-stained discharge: Duct papilloma**

1812.Most common cause of **Greenish discharge: Duct ectasia**

1813.**Most characteristic sign** of inflammatory breast cancer: **PEAU-D-ORANGE (texture of orange peel)**

1814.Triple assessment for CA Breast includes a combination of **clinical assessment**, **radiological imaging** (USG/ Mammography) and **tissue sample analysis** (FNAC/Biopsy)

1815.**Investigation of choice** for **screening** of breast cancer: Mammography

1816.**Investigation of choice** for **diagnosis** of breast cancer: Biopsy/True cut biopsy/Core cut biopsy/Needle biopsy

1817.**First investigation** for **tissue sampling** in **suspected carcinoma of breast**: **FNAC > biopsy**

1818.**Best diagnostic** method for breast lump: **Biopsy**

1819.**Best confirmatory** and **diagnostic investigation** for **breast cancer**: **Biopsy**

1820.A female patient present with a **hard mobile lump in her right breast**. Which investigation would be most helpful in making the diagnosis: **Needle biopsy**

1821.**Investigation of choice** for **high risk breast cancer in female**: **MRI**

1822.**Gold standard investigation** for screening of breast carcinoma in patients with breast implant: **MRI**

1823.**Tumor marker for breast cancer:** BRCA-1, BRCA-2, HER-2, CA15-3, CA 27.29, and CEA

1824.Best investigation to differentiate scar from recurrence after mastectomy done for CA breast: **PET scan**

1825.A 24 years old female complains of **discharge of blood from a single duct in her breast**. The most appropriate treatment: **Microdochectomy**

1826.A 26 years old female presents with **spontaneous nipple discharge of 3-months duration**. On examination the **discharge is bloody** and from a single duct. Treatment of choice: **Radical duct excision**

1827.A 45-years old woman presents with a **hard and mobile lump in the breast**. First investigation is: **Mammography** (Biopsy = Best and diagnostic investigation)

1828.A 60-year-old lady comes with **blood stained discharge from the nipple** with family history of breast cancer. Next best step for her will be: **MRI**
1829.A 60-year-old lady with **blood stained discharge from the nipple with family history of breast cancer**. Next best step for her (**high risk female**) will be: **MRI for screening of breast cancer.**
1830.**Most common causative organism of breast abscess:** Staphylococcus aureus
1831.Female present with breast pain, fever, erythema, point tenderness and fluctuant mass on palpation: Breast abscess
1832.In case of obstructive Jaundice resulting in Cholestasis, raised enzymes: Alkaline phosphatase 5' Nucleotidase and GGT
1833.Gall stone pain referred to Shoulder pain Nerve root values: C3-C5
1834.Most Common Presentation of Bile duct Cancer is: Jaundice.
1835.**Water Lilly appearance:** Hydatid Cyst
1836.Most common cause of Portal hypertension: Cirrhosis
1837.Normal Portal Vein Pressure: 5-10 mmHg
1838.Most common complication of Amoebic liver abscess: Rupture into peritoneal cavity
1839.Most common complication of Hydatid cyst liver: Rupture into the Biliary tree
1840.Best initial test for **thyroid dysfunction** is: Serum TSH level, followed by free T4 and T3
1841.Dancing carotid is seen in: **Thyrotoxicosis**
1842.Best marker to diagnose thyroid related disorder: **Serum TSH**
1843.Most common cause of Thyroiditis is: Hashimotos thyroiditis
1844.Most common presentation of endemic goiter is: Hypothyroid
1845.Patient presents with weight loss despite good appetite, heat intolerance, anxiety, palpitations, increase bowel movement frequency, myopathy/proximal muscle weakness, insomnia, fine tremors, goiter, lid lag, hyperactive reflexes and/or menstrual abnormalities: **Hyperthyroidism**
1846.Most common cause of hyperthyroidism: Graves' disease
1847.Exophthalmos, pretibial myxedema, and thyroid bruits are specific for Graves' disease
1848.Nerve damage in **Thyroidectomy: Recurrent laryngeal nerve**
1849.Patient presents with weakness, fatigue, cold intolerance, constipation, weight gain, depression, hair loss, menstrual irregularities, and myopathy. On exam dry, cold, puffy skin accompanied by edema, bradycardia, and delayed relaxation of deep tendon reflexes: **Hypothyroidism**
1850.Most common cause of Hypothyroidism: Hashimoto thyroiditis
1851.The most common of endemic goiter/hypothyroidism is iodine deficiency.
1852.**Illusion:** False perception/ misperception of an actual external stimulus
1853.**Delusion**: Fixed false belief
1854.**Hallucination**: Perception without an existing external stimulus (Abnormal sensation)
1855.**Dementia**: Progressive decline of cognitive function intellect with memory loss
1856.Shortness of breath, diaphoresis, and chest pain, raised troponin: Acute myocardial infection (AMI)
1857.Shortness of breath after 2-3 days of fracture: **Fat embolism**
1858.Shortness of breath shortly after RTA & fracture: Pulmonary embolism
1859.Shortness of breath in deep sea drivers, chest injury: Air embolism
1860.Shortness of breath after delivery or in pregnant lady, sudden death: Amniotic fluid embolism
1861.Shortness of breath on lying down: Retrosternal goiter
1862.Female shortness of breath after taking HRT/OCPs: Pulmonary thromboembolism
1863.Organism causing acute gastroenteritis (vomiting and diarrhea) within 6 hours of food intake is: Staph. Aureus
1864.Organism causing acute gastroenteritis (vomiting and diarrhea) within 8-16 hours: Clostridium perfringens
1865.Organism causing acute gastroenteritis (vomiting and diarrhea) in > 16 hours: Salmonella spp and vibrio cholerae
1866.Most common nerve affected in **Guillain-Barré syndrome (GBS)**: Facial nerve
1867.Most common nerve affected in **Acoustic neuroma**: 8th cranial nerve
1868.**Seen in Parkinsonism:** Rigidity / static tremors / Hypokinasia
1869.Spike and dome pattern on EEG is seen in: Petitmal (Absence) seizures
1870.**CSF findings in tubercular (TB) meningitis:** Elevated protein, decrease glucose, increase lymphocytes
1871.Most common cause of meningitis in Adults is: Streptococcus pneumonia
1872.Most common cause of intracranial bleed is: Hypertension
1873.**MDR TB:** Resistant to INH and rifampicin
1874.**XDR TB:** Resistant to INH and rifampicin and any quinolones and 1 injectable 2nd line drug

1875.**Hot potato voice** is known to occur in: Peritonsillar abscess (quinsy)
1876.**Bull neck is seen in:** Tonsillar diphtheria
1877.**Central perforation** is seen: Tuberculosis
1878.**Marginal perforation** is seen in: Chronic suppurative otitis media (CSOM)
1879.**Cholesteatoma** is commonly caused by: Attico-antral perforation
1880.**Cholesteatoma:** Erodes bone, bluish tympanic membrane
1881.IDDM patient presents with septal perforation of nose with brownish black discharge probable diagnosis is: Mucormycosis
1882.**Schwartz operation** is called: Cortical mastoidectomy/simple mastoidectomy
1883.**Schwartz sign** is seen in: Otosclerosis
1884.**Hyperacusis:** Normal sounds are heard as loud and Painfull
1885.In blast injury Most common organ affected: Eardrum
1886.Commonest cause of **deafness** is: **Wax**
1887.Most common cause of otitis externa is: Fungal (i.e. otomycosis).
1888.Most common organism causing malignant otitis externa: Pseudomonas
1889.Most common cause of acute Supporative otitis media Streptococcus pneumoniae > H. influenzae
1890.Most common extracranial complication of CSOM: Mastoiditis
1891.Most common Intracranial complication of CSOM: Meningitis
1892.Most common nerve involved in CSOM: Facial Nerve
1893.Throat infection causes Ear infection through: Eustachian tube
1894.Treatment of choice in central (safe) perforation is: conservative management > Myringoplasty
1895.**Maxillary sinus** opens into: Middle meatus
1896.**Inferior meatus** open in: Nasolacrimal duct
1897.**Middle meatus** open in: Frontal sinus, (which opens via fronto nasal duct), Maxillary sinus, Anterior ethmoidal sinus
1898.**Superior meatus** open in: Posterior ethmoidal sinus
1899.**Sphenoethmoidal recess** open in: Sphenoid sinus
1900.**Femoral sheath** is formed by: fasica transversalis and fasica iliaca
1901.Most common site for epistaxis in children and young adult: **Little’s Area**
1902.**Location of Little’s Area:** Anteroinferior part of the nasal septum
1903.**Unilateral painful red eye + dilated avoid pupil:** Acute Congestive Glaucoma
1904.Unilateral painful red eye + vision loss+ preexisting Autoimmune disease history + constricted pupil + Talbot sign +ve: Anterior Uveitis
1905.Bilateral red eyes: Acute Conjunctivitis
1906.Unilateral painful red eye + whitish spots in cornea: Acute Keratitis
1907.Unilateral painful red eye + dilated blood vessels that are moveable over sclera: Acute Episcleritis
1908.Unilateral painful red eye + dilated engorged blood vessels that are not moveable over sclera — Acute Scleritis
1909.Unilateral painless red eye + there is no loss of vision activity + no photophobia + no lacrimation: Sub-Conjunctival Haemorrhage
1910.Unilateral painless loss of vision + cherry red spots in macula: Central Retinal Artery Occlusion
1911.Unilateral painless loss of vision + stormy sunset appearance or angry looking retina: Central Retinal Vein Occlusion
1912.Unilateral painless loss of vision + curtain falling infront of eyes or clouds infront of my eyes + dull grey opaque retina that is ballooning forward: Retinal Detachment
1913.Unilateral painless loss of vision + retina can’t be seen or there is absence of red reflex: Vitreous Haemorrhage
1914.Most common intraocular malignancy in children: Retinoblastoma
1915.A 3 year old child + unilateral leucocoria: Retinoblastoma
1916.A 5 years old boy unilateral blindness tumor on CT with blue cells and which of the following gene involved — Retinoblastoma gene
1917.Treatment of Presbyopia: Convex lenses
1918.Treatment of Amblyopia: Cover better eye
1919.Treatment of Hypermetropia: Convex lenses
1920.Treatment of Myopia: Concave lenses
1921.Treatment of Trachoma: Oral tetracycline or erythromycin
1922.Drug of choice for anterior uveitis is: Steroid
1923.Dendritic ulcers are pathognomic of: Herpes simplex virus
1924.Steroids are contraindicated in: Dendritic ulcer
1925.Cotton wool spots are seen in: Diabetic Retinopathy
1926.Treatment of choice of Diabetic Retinopathy: Lesser photocoagulation
1927.Most common ocular problem is: Refractive error
1928.Most common overall: Atrial septal defect (ASD)
1929.Most common in adults overall: Atrial septal defect (ASD)
1930.Most common in children overall: Ventricular septal defect (VSD)
1931.Most common acyanotic heart disease overall: Ventricular septal defect (VSD)

1932.Most common acyanotic heart disease in adults overall: Atrial septal defect (ASD)
1933.Most common cyanotic heart disease overall: Tetralogy of Fallot (TOF)
1934.Most common cyanotic at Birth: Transposition of great vessel (TGV)
1935.Most common site of **Ectopic pregnancy**: Fallopian tube.
1936.Most common site of **Fertilization in humans** is: Fallopian tube
1937.Most common site of **Ectopic in fallopian tube**: Ampulla (This is because fertilisation occurs in ampulla)
1938.Level of anesthesia in caesarean is: T4
1939.Ideal time to conceive after caesarean is 18 months (minimum time = 6 months)
1940.Most common cause of **Postpartum hemorrhage** is: **Uterine atony**
1941.**Beta HCG** produced by: Placenta
1942.**HCG** is produced from: **Syncytiotrophoblast**
1943.First stimulant for production of testosterone from fetal kidneys is hCG
1944.The standard for diagnosing pregnancy: **β**-hCG
1945.Pregnancy is detected in **serum β-hCG level:** 6-8 days (1 week post-conception/after fertilization)
1946.Pregnancy is detected in **urine β-hCG level** on day: 14 (2 week post-conception/after fertilization)
1947.**During foetal life maximum growth** is caused by **Insulin**
1948.The most common fetal malpresentation: **Breech presentation**
1949.The commonest cause of breech presentation is: **Prematurity**
1950.Best method to deliver arms in Breech is: **Lovset's method**
1951.Commonest complication of Breech presentation: Asphyxia
1952.Most common chance of cord prolapse: Transverse Lie
1953.**Strawberry vagina** is seen in **Trichomonas vaginalis**
1954.**Clue cells** are seen in **Bacterial vaginosis**
1955.Most common symptom of endometriosis is: **Dysmenorrhea**
1956.Most common type of Episiotomy: Medio-lateral
1957.**Classic triad** to diagnose **endometriosis**: Dysmenorrhea, Infertility and Dyspareunia
1958.Commonest site of endometriosis: Ovary
1959.Most common cause of secondary dysmenorrhea is Endometriosis followed by PID
1960.Most common presentation in endometriosis is: Pain
1961.Second most common presentation in endometriosis — Infertility
1962.Investigation of choice in endometriosis: Laparoscopy
1963.Gold standard for diagnosis **Endometriosis** is: Histopathology
1964.Initial test in Adenomyosis is: TUVS
1965.Investigation of choice in Adenomyosis is: TUVS
1966.Gold standard for diagnosis **Adenomyosis** is: Histopathology
1967.Most common cause of **Postmenopausal bleeding**: Endometrial atrophy
1968.Most common presentation of Hyperprolactinemia is: Infertility
1969.Drug of choice for increased prolactin is: Cabergoline
1970.Drug of choice for increased prolactin in infertile females is: Bromocriptine (as it induces ovulation also)
1971.Hyperresonant percussion note + Shifting of mediastinum towards normal side: Pneumothorax
1972.Stony dull percussion note + shift of mediastinum towards normal side: Pleural effusion
1973.Shift of mediastinum towards disease side: Fibrosis + collapse
1974.Transudative pleural fluid: Heart failure
1975.Exudative pleural fluid: TB + Pancreatitis
1976.Treatment for emergency pneumothorax: Needle decompression (in 2nd ICS midclavicular line)
1977.Specific treatment of pneumothorax: Thoracostomy (5th ICS midaxillary line)
1978.Early morning stiffness less then 30 minutes: Osteoarthritis
1979.Herberden, Bouchard nodules, Osteophytes in: Osteoarthritis
1980.First joint involved in osteoarthritis: Knee joint
1981.Early morning stiffness more than 30 minutes: Rheumatoid Arthritis (RA)
1982.First joint involved in RA: Proximal interphalangeal joint
1983.Caplan syndrome occur in: RA
1984.Specific test of RA: ACPA
1985.Diuretics (hydrochlorothiazide) causes: GOUT/hyperuricemia
1986.Crystal in Gout: Monosodium urate crystals
1987.Negative Befriending Crystal present in: GOUT
1988.Crystals in Pseudogout: Calcium pyrophosphate+ positive Befriending
1989.Chronic backache + Uveitis occur in: Ankylosing spondylitis
1990.Bambo spine occur in: Ankylosing spondylitis
1991.Dry eye + dry mouth + enlarged lacrimal glands: **Sjogren syndrome**
1992.Triad of Uvetis + Arthritis + Conjunctivitis: **Riter disease**

1993.Triad of Aphthous ulcer + Arthritis + Urethritis: **Behcet disease**
1994.Recurrent fracture of bone on fall: Osteoporosis
1995.Investigation of choice for osteoporosis: Bone mineral density
1996.Drug of choice for osteoporosis: Bisphosphonates
1997.Most common cause of **Hemorrhagic stroke** is: Hypertension.
1998.Most common cause of **Ischemic stroke** is: Embolism.
1999.**Hyperdense (Whitish) area** on CT brain is: Hemorrhagic stroke.
2000.**Hypodense (Black) area** on CT brain: Ischemic stroke.